
State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
Product Name:	DC GHMSI Small Group Eff 201801 - ACA		
Project Name/Number:	DC GHMSI SG ACA ON-EXCHANGE/2169		

Filing at a Glance

Company:	Group Hospitalization and Medical Services, Inc.
Product Name:	DC GHMSI Small Group Eff 201801 - ACA
State:	District of Columbia
TOI:	H16G Group Health - Major Medical
Sub-TOI:	H16G.003A Small Group Only - PPO
Filing Type:	Rate
Date Submitted:	05/01/2017
SERFF Tr Num:	CFAP-131010712
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	2169
Implementation	01/01/2018
Date Requested:	
Author(s):	Dwayne Lucado, Anna Guloy, Shane Kontir, Cory Bream, Patrick Getts, Britney Tyler, Scott Cremens, Paul Fruth, Joshua Phelps
Reviewer(s):	Efren Tanhehco (primary), John Morgan, Damon Siler, Dave Dillon
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

State: District of Columbia
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: DC GHMSI Small Group Eff 201801 - ACA
Project Name/Number: DC GHMSI SG ACA ON-EXCHANGE/2169

Filing Company: Group Hospitalization and Medical Services, Inc.

General Information

Project Name: DC GHMSI SG ACA ON-EXCHANGE

Project Number: 2169

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 05/02/2017

State Status Changed:

Created By: Shane Kontir

Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Overall Rate Impact: 15.3%

Deemer Date:

Submitted By: Shane Kontir

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by Group Hospitalization & Medical Services, Inc. to Small Groups on the D.C. Exchange. We are submitting 15 benefit plans on the D.C. Exchange.

Company and Contact

Filing Contact Information

Dwayne Lucado, Assistant Actuary

10455 Mill Run Circle

Owings Mills, MD 21117

dwayne.lucado@carefirst.com

410-998-7519 [Phone]

410-998-7704 [FAX]

Filing Company Information

Group Hospitalization and Medical Services, Inc.

840 First Street NE

Washington, DC 20065

(410) 581-3000 ext. [Phone]

CoCode: 53007

Group Code:

Group Name:

FEIN Number: 53-0078070

State of Domicile: District of Columbia

Company Type: Hospital, Medical & Dental Service or Indemnity

State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:	CFAP-131010712	State Tracking #:		Company Tracking #:	2169
State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.		
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO				
Product Name:	DC GHMSI Small Group Eff 201801 - ACA				
Project Name/Number:	DC GHMSI SG ACA ON-EXCHANGE/2169				

Correspondence Summary

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Notes on this Filing	Note To Filer	Damon Siler	05/04/2017	05/04/2017

State: District of Columbia
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: DC GHMSI Small Group Eff 201801 - ACA
Project Name/Number: DC GHMSI SG ACA ON-EXCHANGE/2169

Note To Filer

Created By:

Damon Siler on 05/04/2017 02:06 PM

Last Edited By:

Damon Siler

Submitted On:

05/04/2017 02:06 PM

Subject:

Notes on this Filing

Comments:

1) We have noticed that every page of the Actuarial Memorandum has been marked as "Confidential -Sensitive and Proprietary Financial Information." Please remove this restriction as the public might need some of the info prior to the final rates approval. Additionally, Federal Instructions for the Part III Memorandum indicate that you are to submit two versions of the memo, one with information redacted (ispecific trade secret and financial information, not the entire memo).

2) Please provide all the filing Exhibits in Excel format with working formulas.

3) The Actuarial Memorandum appears to be just a set of exhibits, with little or no explanation or description of the processes used to calculate assumptions. Several of the exhibits are logical and easy to follow, but others require additional detail for us to make an objective appraisal of the assumptions. While you have provided a Part III Actuarial Memorandum, it is only four pages and does not provide much detail in the form of explanations needed to understand the exhibits (example below).

For example, how was the projected 2018 AV estimated in Exhibit 5?

Exhibit 5 - Induced Utilization Adjustment Factor

YearActuarial ValueInduced Demand Factor

(1)2016 79.6%1.078

(2)Projected 201878.7%1.073

(3)Adjustment*0.996(2)/(1)

*Applied to all service categories except capitations

Please provide us with more detailed, descriptive explanations of the actuarial processes/methodologies used in those exhibits presented.

State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
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Project Name/Number:	DC GHMSI SG ACA ON-EXCHANGE/2169		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	1.100%
Effective Date of Last Rate Revision:	10/01/2017
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Group Hospitalization and Medical Services, Inc.	Increase	15.300%	15.300%	\$26,165,508	14,917	\$171,395,324	20.200%	11.900%

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: DC GHMSI Small Group Eff 201801 - ACA
Project Name/Number: DC GHMSI SG ACA ON-EXCHANGE/2169

Rate Review Detail

COMPANY:

Company Name: Group Hospitalization and Medical Services, Inc.
HHS Issuer Id: 78079

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BluePreferred PPO	78079DC022		26013

Trend Factors:

FORMS:

New Policy Forms: DC CF BP PPO 1000 90-70 (1-18), DC CF BP PPO BF HSA SIL 1500 (1-18), DC CF BP PPO CDH 2000 80-60 (1-18), DC CF BP PPO CDH SIL 1500 (1-18), DC CF BP PPO CDH SIL 2000 (1-18), DC CF BP PPO GOLD 500 (1-18), DC CF SHOP ELIG AMEND (1-17), DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 1/17), DC/CF/MEM/BLCRD (R. 1/17), DC/CF/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CF/SG/INCENT (R. 1/18), DC/CF/SHOP/2018 AMEND (1/18), DC/GHMSI-HEALTH GUARANTEE 1/15

Affected Forms:

Other Affected Forms: DC CF BP PPO GOLD 1000 (1-18), DC CF BP PPO GOLD 1500 (1-18), DC CF BP PPO PLAT 0 (1-18), DC CF BP PPO PLAT 500 (1-18), DC CF BP PPO SIL 1000 (1-18), DC CF HB PPO CDH SIL 2000 (1-18), DC CF HB PPO GOLD 1500 (1-18), DC CF HB PPO PLAT 1000 (1-18), DC CF HB PPO PLAT 500 (1-18), DC/CF/SHOP/ELIG (1/14), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/FAM PLAN (8/12), DC-CF-SHOP-GC (R 1-17), DC-CF-SHOP-PPO-DOCS (1-17), DC-CF-SHOP-PPO-EOC (1-17)

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 319,443
Benefit Change: Increase
Percent Change Requested: Min: 11.9 Max: 20.2 Avg: 15.3

PRIOR RATE:

Total Earned Premium: 171,395,324.00
Total Incurred Claims: 130,710,542.00
Annual \$: Min: 340.02 Max: 573.04 Avg: 500.78

REQUESTED RATE:

Projected Earned Premium: 197,094,719.00
Projected Incurred Claims: 151,474,015.00
Annual \$: Min: 401.03 Max: 650.87 Avg: 575.87

State: District of Columbia

Filing Company:

Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name: DC GHMSI Small Group Eff 201801 - ACA

Project Name/Number: DC GHMSI SG ACA ON-EXCHANGE/2169

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2169 Small Group DC PPO - Exchange (2018) - Rate Filing	DC CF BP PPO GOLD 1000 (1-18), DC CF BP PPO GOLD 1500 (1-18), DC CF BP PPO PLAT 0 (1-18), DC CF BP PPO PLAT 500 (1-18), DC CF BP PPO SIL 1000 (1-18), DC CF HB PPO CDH SIL 2000 (1-18), DC CF HB PPO GOLD 1500 (1-18), DC CF HB PPO PLAT 1000 (1-18), DC CF HB PPO PLAT 500 (1-18), DC/CF/SHOP/ELIG (1/14), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/FAM PLAN (8/12), DC-CF-SHOP-GC (R 1-17), DC-CF-SHOP-PPO-DOCS (1-17), DC-CF-SHOP-PPO-EOC (1-17), DC CF BP PPO 1000 90-70 (1-18), DC CF BP PPO BF HSA SIL 1500 (1-18), DC CF BP PPO CDH 2000 80-60 (1-18), DC CF BP PPO CDH SIL 1500 (1-18), DC CF BP PPO CDH SIL 2000 (1-18), DC CF BP PPO GOLD 500 (1-18), DC CF SHOP ELIG AMEND (1-17), DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 1/17), DC/CF/MEM/BLCRD (R. 1/17), DC/CF/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CF/SG/INCENT (R. 1/18), DC/CF/SHOP/2018 AMEND (1/18), DC/GHMSI-HEALTH GUARANTEE 1/15	Revised	Previous State Filing Number: CFAP-130548294 Percent Rate Change Request: 15.3	2169 Small Group DC PPO - Exchange (2018) - Rate Filing.pdf,

CareFirst BlueCross BlueShield (GHMSI)
DC Small Group On Exchange Products Rate Filing Effective 1/1/2018
Premiums Effective 01/2018, 04/2018, 07/2018 and 10/2018

HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Rx Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate				Incremental Base Rate % Change		
								01/2018	04/2018	07/2018	10/2018	04/2018	07/2018	10/2018
78079DC0220032	BluePreferred PPO	BluePreferred PPO 1000 90%/70%	On	Int: \$10/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 10%; OON: 30%	IN: \$1,000 (Integrated); OON: \$2,000	IN: \$6,550; OON: \$13,100	\$503.05	\$511.53	\$520.19	\$529.04	1.7%	1.7%	1.7%
78079DC0220033	BluePreferred PPO	BluePreferred PPO HSA/HRA 2000 80%/60%	On	Int: \$10/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 20%; OON: 40%	IN: \$2,000 (Integrated); OON: \$4,000	IN: \$6,550; OON: \$13,100	\$401.03	\$407.79	\$414.70	\$421.76	1.7%	1.7%	1.7%
78079DC0220034	BluePreferred PPO	BluePreferred PPO Silver 1500 BlueFund HSA	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$5,300; OON: \$9,000	\$439.88	\$447.29	\$454.87	\$462.61	1.7%	1.7%	1.7%
78079DC0220020	BluePreferred PPO	BluePreferred PPO Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$4,000; OON: \$8,000	\$536.70	\$545.75	\$554.99	\$564.43	1.7%	1.7%	1.7%
78079DC0220031	BluePreferred PPO	BluePreferred PPO Gold 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,500 Med / \$250 Rx; OON: \$3,000	IN: \$3,500; OON: \$7,000	\$526.64	\$535.52	\$544.59	\$553.85	1.7%	1.7%	1.7%
78079DC0220021	BluePreferred PPO	BluePreferred PPO Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,000; OON: \$10,000	\$552.80	\$562.12	\$571.64	\$581.36	1.7%	1.7%	1.7%
78079DC0220022	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$5,500; OON: \$9,000	\$439.46	\$446.87	\$454.44	\$462.17	1.7%	1.7%	1.7%
78079DC0220023	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 2000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$2,000 (Integrated); OON: \$4,000	IN: \$5,500; OON: \$9,000	\$424.60	\$431.75	\$439.07	\$446.54	1.7%	1.7%	1.7%
78079DC0220024	BluePreferred PPO	BluePreferred PPO Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,500; OON: \$3,000	\$650.87	\$661.84	\$673.05	\$684.50	1.7%	1.7%	1.7%
78079DC0220025	BluePreferred PPO	BluePreferred PPO Platinum 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$619.58	\$630.03	\$640.70	\$651.60	1.7%	1.7%	1.7%
78079DC0220026	BluePreferred PPO	BluePreferred PPO Silver 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$40 PCP/\$80 Spec/\$400 ER/\$500 IP; OON: \$100 PCP/Spec/\$600 IP	IN: \$1,000 Med / \$100 Rx; OON: \$2,000	IN: \$7,150; OON: \$14,300	\$465.42	\$473.27	\$481.29	\$489.48	1.7%	1.7%	1.7%
78079DC0220028	BluePreferred PPO	HealthyBlue PPO HSA/HRA Silver 2000	On	Int: 0%/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$45 Spec/\$200 ER/\$500 IP; OON: \$65 PCP/Spec/\$600 IP	IN: \$2,000 (Integrated); OON: \$4,000	IN: \$6,550; OON: \$9,000	\$433.95	\$441.26	\$448.74	\$456.37	1.7%	1.7%	1.7%
78079DC0220027	BluePreferred PPO	HealthyBlue PPO Gold 1500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$1,500 Med / \$0 Rx; OON: \$3,000	IN: \$7,150; OON: \$14,300	\$546.51	\$555.73	\$565.14	\$574.75	1.7%	1.7%	1.7%
78079DC0220029	BluePreferred PPO	HealthyBlue PPO Platinum 1000	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$1,000 Med / \$0 Rx; OON: \$2,000	IN: \$1,500; OON: \$3,000	\$613.68	\$624.03	\$634.60	\$645.40	1.7%	1.7%	1.7%
78079DC0220030	BluePreferred PPO	HealthyBlue PPO Platinum 500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$625.76	\$636.31	\$647.09	\$658.10	1.7%	1.7%	1.7%

* Out-of-Network ER is paid as In-Network.

**Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty

State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
Product Name:	DC GHMSI Small Group Eff 201801 - ACA		
Project Name/Number:	DC GHMSI SG ACA ON-EXCHANGE/2169		

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	Please see the Actuarial Certification in the Actuarial Memorandum.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2169 Small Group DC PPO - Exchange (2018) - Actuarial Memorandum.pdf AV Screenshots_DC SG GHMSI.pdf 2018 ACA_Actl Memo_SG_DC_GHMSI.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2169 Small Group DC PPO - Exchange (2018) - Actuarial Memorandum.pdf 2018 ACA_Actl Memo_SG_DC_GHMSI.pdf 2169 - DC PPO Small Group - Index & Plan Comparison.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	This filing is being submitted directly by the insurer.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Since this is the initial filing submission, the required documentation is not yet available.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter All Filings
Comments:	

State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
Product Name:	DC GHMSI Small Group Eff 201801 - ACA		
Project Name/Number:	DC GHMSI SG ACA ON-EXCHANGE/2169		

Attachment(s):	2018 ACA_Cover Letter_SmallGroup_DC_GH - 5-1-2017.pdf
Item Status:	
Status Date:	

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	2169 - DC GHMSI Small Group (2018) - Dataset_sent.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2169 - Small Group - GHMSI URRT - SERFF 5-1.xlsm 2169 - Small Group - GHMSI URRT.pdf
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	2169 - DC Small Group - GHMSI - PartII Rate Justification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	DISB Rate Filing Checklist
Comments:	
Attachment(s):	Small Group - DISB rate filing checklist.pdf

State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
Product Name:	DC GHMSI Small Group Eff 201801 - ACA		
Project Name/Number:	DC GHMSI SG ACA ON-EXCHANGE/2169		

Item Status:	
Status Date:	

Satisfied - Item:	RateE File
Comments:	
Attachment(s):	GHMSI.DC.RATEE.2016Q4.20170309 - Small Group GHMSI.xlsx
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
Product Name:	DC GHMSI Small Group Eff 201801 - ACA		
Project Name/Number:	DC GHMSI SG ACA ON-EXCHANGE/2169		

Attachment 2169 - DC GHMSI Small Group (2018) - Dataset_sent.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2169 - Small Group - GHMSI URRT - SERFF 5-1.xlsm is not a PDF document and cannot be reproduced here.

Attachment GHMSI.DC.RATEE.2016Q4.20170309 - Small Group GHMSI.xlsx is not a PDF document and cannot be reproduced here.

**Group Hospitalization & Medical Services Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)**

**Rate Filing # 2169
D.C. Small Group Products
Rate Filing Effective 1/1/2018**

Actuarial Memorandum

Group Hospitalization & Medical Services Inc.
(NAIC # 53007)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products
Rate Filing Effective 1/1/2018
Actuarial Certification

I, Dwayne Lucado, am an Actuary, Group Pricing with GHMSI, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
 - b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - c. Neither excessive nor deficient.
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.
4. Consistent with 45 CFR § 156.135, the 2018 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado
Digitally signed by Dwayne Lucado
Date: 2017.05.01 14:26:19 -04'00'

Dwayne Lucado, FSA, MAAA
Actuary, Group Pricing
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

Exhibit 1 - Market Adjusted Index Rate Summary

		2018	Exhibit
(1)	Base Period Total Allowed	\$ 542.24	2
(2)	Base Period Non-EHB PMPM	\$ 2.84	2
(3)	Experience Period Index Rate	\$ 539.40	
(4)	Change in Morbidity	0.971	4
(5)	Additional Population Adjustment	1.000	
(6)	Induced Demand	0.994	5
(7)	Projection Period Utilization and Network Adjustment	1.000	
(8)	Demographic Adjustment	0.999	6
(9)	Area Adjustment	1.000	
(10)	Additional "Other" Adjustments	0.982	7
(11)	Annualized Trend	8.3%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.173	
(14)	Projection Period Index Rate	\$ 599.44	
(15)	Risk Adjustment Program	0.890	9
(16)	Federal Exchange User Fee	1.000	
(17)	Market Adjusted Index Rate	\$ 533.43	
	Without Risk Adjustment	\$ 599.44	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service		
Inpatient Hospital	\$	44,558,700	\$	98.91	Admits	66.81	\$	17,766.63
Outpatient Hospital	\$	51,280,962	\$	113.83	Visits	997.55	\$	1,369.35
Professional	\$	75,741,993	\$	168.13	Visits	11,364.27	\$	177.54
Other Medical	\$	14,785,000	\$	32.82	Services	1,567.70	\$	251.22
Capitation	\$	470,109	\$	1.04	Benefit Period	1,000	\$	12.52
Prescription Drug	\$	57,436,234	\$	127.50	Prescriptions	9,852.80	\$	155.28
<hr/>								
Total (EHB & Non-EHB)	\$	244,272,998	\$	542.24				
<hr/>								
EHB Allowed	\$	242,995,334	\$	539.40				
Non-EHB Allowed	\$	1,277,664	\$	2.84				
Incurred Net	\$	215,457,804	\$	478.27				
Net/Allowed	88.20%							
Experience Period Member Months	450,492							

Exhibit 3 - Non-EHB Adjustment

		2018 On-Exchange	2018 Off-Exchange	
(1)	Blended Index Rate	\$ 613.56	\$ 613.56	
(2)	Non-EHB PMPM	\$ 3.11	\$ 3.11	
(3)	Total	\$ 616.67	\$ 616.67	
(4)	Plan Level Adjustment	1.005	1.005	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Cohort	Member Months	Normalized PMPM
(1) Total Experience Period	450,483	\$ 358.83
(2) Existing (enrolled prior to 2017)	30,550	\$ 361.49
(3) New in 2017	3,105	\$ 320.00
(4) Transferred in 2017 (Internal)	1,454	\$ 267.07
(5) Existing (enrolled prior to 2018)	307,341	\$ 350.19
(6) New in 2018	102,832	\$ 343.69
(7) Total Projection Period	410,173	\$ 348.56
(8) Adjustment for Change in Morbidity*		0.971

***Applied to all service categories except capitations**

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2016	82.8%	1.100	
(2) Projected 2018	81.9%	1.093	
(3) Adjustment*		0.994	(2)/(1)

***Applied to all service categories except capitations**

Exhibit 6 - Demographic Adjustment

	Period	Age Factor	Average Age
(1)	Base Period	1.709	34.6
(2)	Most Recent Month	1.707	34.8
(3)	Projection Period	1.707 = (2)	
(4)	Demographic Adjustment*	0.999 (3) / (1)	

***Applied to all service categories except capitations**

Average age is claims weighted using our internal age factor curve as a proxy

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment

(1)	EP Capitation PMPM	\$	0.88	
(2)	Projected Difference in Capitations PMPM	\$	(0.08)	
(3)	Adjustment to Capitation Category		0.9045	$1 + (2)/(1)$

Drug Rebates adjustment

(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	147.06	
(5)	Experience Pharmacy Rebates PMPM	\$	(19.56)	
(6)	Projected Pharmacy Rebates PMPM	\$	(23.39)	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$	127.50	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	123.67	
(9)	Adjustment to Drug Category		0.9700	$(8)/(7)$

Formulary Adjustments

(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	147.06	
(11)	Ingredient cost adjustment factor		0.961	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	141.37	$(10)*(11)$
(13)	Projection Period Pharmacy Rebates PMPM	\$	(23.39)	
(14)	Adjustment to Drug Category		0.9540	$[(12) + (13)]/[(10) + (13)]$

	PMPM	Adjustment
Inpatient Hospital	\$ 111.58	1.000
Outpatient Hospital	\$ 127.93	1.000
Professional	\$ 187.18	1.000
Other Medical	\$ 34.24	1.000
Capitation	\$ 0.88	0.904
Prescription Drug	\$ 148.82	0.925
Total	\$ 610.63	0.9817

PMPM weights are set equal projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	2016 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 98.91	18%	1.0500	1.0300	1.082
Outpatient Hospital	\$ 113.83	21%	1.0600	1.0200	1.081
Professional	\$ 168.13	31%	1.0400	1.0400	1.082
Other Medical	\$ 32.82	6%	1.0000	1.0400	1.040
Capitation	\$ 1.04	0%	1.0000	1.0000	1.000
Prescription Drug	\$ 127.50	24%	1.0000	1.1000	1.100
Total	\$ 542.24	100%			1.083
Proposed Trend					1.083

Exhibit 9 - Risk Adjustment

2016

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Catastrophic						
Bronze	3,473	1%	1.518	1.202	\$478,634	\$137.80
Silver	33,152	9%	1.249	1.081	\$1,143,346	\$34.49
Gold	138,310	36%	1.368	1.052	\$4,532,699	\$32.77
Platinum	205,813	54%	1.589	1.059	\$11,121,772	\$54.04
Total	380,749	100%	1.478	1.060	\$17,276,451	\$45.37
Statewide	976,511		1.307	1.041		
State Average Premium		\$ 469.57				

2018

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Catastrophic						
Bronze	0	0%	0.000	0.000	\$0	\$0.00
Silver	47,219	15%	1.240	1.063	\$1,407,394	\$29.81
Gold	103,331	34%	1.359	0.943	\$7,474,832	\$72.34
Platinum	155,944	51%	1.565	1.014	\$9,322,507	\$59.78
Total	306,494	100%	1.445	0.997	\$18,204,733	\$59.40
Statewide	846,919		1.267	0.992		
State Average Premium		\$ 516.53				

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor
\$ 613.56	\$67.70	\$ 0.14	0.890

Adjustment Factor = (\$613.56 - \$67.7+ \$0.14) / \$613.56

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2018		2Q 2018		3Q 2018		4Q 2018	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$ 602.55		\$ 614.64		\$ 626.98		\$ 639.58	
Paid/Allowed Ratio	87.7%		87.7%		87.7%		87.7%	
Paid Claims & Capitations	\$ 528.64		\$ 539.25		\$ 550.08		\$ 561.13	
Risk Adjustment Transfer (Paid Basis)	\$ 59.40		\$ 59.40		\$ 59.40		\$ 59.40	
 Paid Claims & Capitations (Post-Risk Adj)	 \$ 469.24	 76.5%	 \$ 479.85	 76.7%	 \$ 490.68	 77.0%	 \$ 501.74	 77.2%
 Administrative Expense	 \$ 57.53	 9.4%	 \$ 57.53	 9.2%	 \$ 57.53	 9.0%	 \$ 57.53	 8.9%
Broker Commissions & Fee	\$ 22.80	3.7%	\$ 22.80	3.6%	\$ 22.80	3.6%	\$ 22.80	3.5%
Contribution to Reserve (Post-Tax)	\$ 19.64	3.2%	\$ 20.01	3.2%	\$ 20.40	3.2%	\$ 20.80	3.2%
Investment Income Credit	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%
 <u>Non-ACA Taxes & Fees</u>								
State Premium Tax	\$ 12.27	2.0%	\$ 12.51	2.0%	\$ 12.75	2.0%	\$ 13.00	2.0%
State Assessment Fee	\$ 0.71	0.1%	\$ 0.72	0.1%	\$ 0.73	0.1%	\$ 0.75	0.1%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 4.91	0.8%	\$ 5.00	0.8%	\$ 5.10	0.8%	\$ 5.20	0.8%
 <u>ACA Taxes & Fees</u>								
Health Insurer Tax	\$ 19.64	3.2%	\$ 20.01	3.2%	\$ 20.40	3.2%	\$ 20.80	3.2%
Risk Adjustment User Fee	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%
Exchange Assessment Fee	\$ 6.14	1.0%	\$ 6.25	1.0%	\$ 6.38	1.0%	\$ 6.50	1.0%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
PCORI Tax	\$ 0.21	0.0%	\$ 0.21	0.0%	\$ 0.21	0.0%	\$ 0.21	0.0%
 BlueRewards/Incentive Program	 \$ 0.42	 0.1%	 \$ 0.42	 0.1%	 \$ 0.42	 0.1%	 \$ 0.42	 0.1%
 Total Revenue	 \$ 613.62	 100.0%	 \$ 625.45	 100.0%	 \$ 637.53	 100.0%	 \$ 649.85	 100.0%
Plan Level Admin Load Adjustment	1.3073		1.3030		1.2989		1.2949	
 Projected Member Months	 115,180		 44,344		 38,379		 121,540	
Average Members	9,598		3,695		3,198		10,128	
% Total 2018	36.1%		13.9%		12.0%		38.0%	

Exhibit 10B - Federal MLR

	Total 2018 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-Risk Adj)	\$ 454.26
Total Revenue	\$ 588.71
Traditional MLR (i.e. DICR)	77.2%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.42
Quality Improvement Expenses	\$ 2.55
Removal of non-care costs under MLR guidelines	\$ (4.75)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 16.63
ACA Taxes & Fees	\$ 25.07
Federal MLR Numerator	\$ 452.47
Federal MLR Denominator	\$ 547.01
Federal MLR	82.7%

The Federal MLR is based on a blended market

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization*	Non-EHB**	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.828	1.000	0.9909	1.005	1.307	575.03
78079DC0220021	BluePreferred PPO Gold 500	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.853	1.000	0.9909	1.005	1.307	592.27
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.744	1.000	0.9034	1.005	1.307	470.84
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.718	1.000	0.9034	1.005	1.307	454.92
78079DC0220024	BluePreferred PPO Platinum 0	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.943	1.000	1.0553	1.005	1.307	697.35
78079DC0220025	BluePreferred PPO Platinum 500	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.898	1.000	1.0553	1.005	1.307	663.83
78079DC0220026	BluePreferred PPO Silver 1000	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.752	1.000	0.9457	1.005	1.307	498.66
78079DC0220027	HealthyBlue PPO Gold 1500	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.843	1.000	0.9909	1.005	1.307	585.54
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.734	1.000	0.9034	1.005	1.307	464.94
78079DC0220029	HealthyBlue PPO Platinum 1000	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.889	1.000	1.0553	1.005	1.307	657.51
78079DC0220030	HealthyBlue PPO Platinum 500	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.906	1.000	1.0553	1.005	1.307	670.45
78079DC0220031	BluePreferred PPO Gold 1500	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.812	1.000	0.9909	1.005	1.307	564.25
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.780	1.000	0.9909	1.000	1.307	538.97
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.682	1.000	0.9034	1.000	1.307	429.67
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.744	1.000	0.9034	1.005	1.307	471.29

*Exhibit 15, **Exhibit 3

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
78079DC0220020	BluePreferred PPO Gold 1000	0.806
78079DC0220021	BluePreferred PPO Gold 500	0.804
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.711
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.696
78079DC0220024	BluePreferred PPO Platinum 0	0.910
78079DC0220025	BluePreferred PPO Platinum 500	0.900
78079DC0220026	BluePreferred PPO Silver 1000	0.720
78079DC0220027	HealthyBlue PPO Gold 1500	0.812
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	0.699
78079DC0220029	HealthyBlue PPO Platinum 1000	0.898
78079DC0220030	HealthyBlue PPO Platinum 500	0.903
78079DC0220031	BluePreferred PPO Gold 1500	0.807
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.799
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	0.714
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.714

Exhibit 13 - Age Calibration

	Average Age	Factor	
(1) Projected	42.4	1.071	
(2) Nearest Rounded	42.0	1.053	
(3) Calibration		0.983	(2)/(1)

The nearest rounded age is determined as the age for the factor closest to the member weighted average factor. The projected average age is then interpolated using the nearest and average factors and the nearest age.

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	50,178	1.000	0.960
Non-CDH	372,941	1.047	1.005
	423,119	1.042	

Metal Level	Projected Member Months	Relative to Bronze	Relative to Average
Catastrophic	0	1.000	0.913
Bronze	25,458	1.000	0.913
Silver	93,174	1.030	0.941
Gold	118,703	1.080	0.986
Platinum	185,784	1.150	1.050
Total	423,119	1.095	

Factors are applied as plan level adjustments

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period				Current Period				Rating Period	
2015 Base HIOS Plan ID	2015 HIOS Plan Name	2016 Base HIOS Plan ID	2016 HIOS Plan Name	2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name		
78079DC0170001	BlueCross BlueShield Preferred 1000, A Multi-State Plan	78079DC0170001	BlueCross BlueShield Preferred 1000, a Multi-State Plan	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%		
78079DC0190001	BlueCross BlueShield Preferred 2000, A Multi-State Plan	78079DC0170002	BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA)	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%		
78079DC0220006	BluePreferred PPO \$500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500		
78079DC0220007	BluePreferred PPO \$1,200	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500		
78079DC0220011	BluePreferred PPO \$4,500	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000		
78079DC0220012	BluePreferred PPO \$1,000 100%/80%	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000		
78079DC0220013	BluePreferred PPO 100%/80%, Rx-\$10/\$45/\$65/50%	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0		
78079DC0220014	BluePreferred PPO \$1,000 80%/60%	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000		
78079DC0220015	BluePreferred PPO \$2,000	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500		
78079DC0220016	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0		
78079DC0220018	BluePreferred PPO \$1000 \$30/\$40	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000		
78079DC0220019	BluePreferred PPO \$500 \$20/\$30	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500		
78079DC0230003	BluePreferred PPO HSA/HRA \$4,000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000		
78079DC0230008	BluePreferred PPO HSA/HRA \$1,400	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500		
78079DC0230009	BluePreferred PPO HSA/HRA \$4,500	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000		
78079DC0230010	BluePreferred PPO HSA/HRA \$2,000, 100%/80%	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000		
78079DC0230011	BluePreferred PPO HSA/HRA \$1,800	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000		
78079DC0300004	HealthyBlue PPO \$1,500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500		
78079DC0300005	HealthyBlue PPO \$300	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500		
78079DC0300006	HealthyBlue PPO \$600	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000		
78079DC0310002	HealthyBlue PPO HSA/HRA \$2,000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000		
				78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA		

Appendix - Annual Rate Change Based on Mapping

Bronze Members/Avg Renewal	-	n/a
Silver Members/Avg Renewal	3,307	19.8%
Gold Members/Avg Renewal	10,151	15.8%
Platinum Members/Avg Renewal	12,555	13.7%
All Members/Avg Renewal	26,013	15.3%
Minimum Renewal		11.9%
Maximum Renewal		20.2%

2017 HIOS Plan ID	2017 HIOS Plan Name	2017 Metal Level	2017 Marketplace Indicator	2018 HIOS Plan ID	2018 HIOS Plan Name	2018 Metal Level	2018 Marketplace Indicator	Projected 2017 EOY Members	1Q2017 Base Rate	1Q2018 Base Rate	Annual Rate Change
78079DC0220020	BluePreferred PPO Gold 1000	Gold	On	78079DC0220020	BluePreferred PPO Gold 1000	Gold	On	3,626	\$461.83	\$536.70	16.2%
78079DC0220021	BluePreferred PPO Gold 500	Gold	On	78079DC0220021	BluePreferred PPO Gold 500	Gold	On	2,651	\$474.05	\$552.80	16.6%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	Silver	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	Silver	On	1,367	\$366.34	\$439.46	20.0%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	Silver	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	Silver	On	1,198	\$353.31	\$424.60	20.2%
78079DC0220024	BluePreferred PPO Platinum 0	Platinum	On	78079DC0220024	BluePreferred PPO Platinum 0	Platinum	On	8,715	\$573.04	\$650.87	13.6%
78079DC0220025	BluePreferred PPO Platinum 500	Platinum	On	78079DC0220025	BluePreferred PPO Platinum 500	Platinum	On	3,424	\$543.44	\$619.58	14.0%
78079DC0220026	BluePreferred PPO Silver 1000	Silver	On	78079DC0220026	BluePreferred PPO Silver 1000	Silver	On	413	\$392.72	\$465.42	18.5%
78079DC0220027	HealthyBlue PPO Gold 1500	Gold	On	78079DC0220027	HealthyBlue PPO Gold 1500	Gold	On	2,079	\$477.36	\$546.51	14.5%
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	Silver	On	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	Silver	On	240	\$363.20	\$433.95	19.5%
78079DC0220029	HealthyBlue PPO Platinum 1000	Platinum	On	78079DC0220029	HealthyBlue PPO Platinum 1000	Platinum	On	109	\$537.17	\$613.68	14.2%
78079DC0220030	HealthyBlue PPO Platinum 500	Platinum	On	78079DC0220030	HealthyBlue PPO Platinum 500	Platinum	On	307	\$559.03	\$625.76	11.9%
78079DC0220031	BluePreferred PPO Gold 1500	Gold	On	78079DC0220031	BluePreferred PPO Gold 1500	Gold	On	1,451	\$456.78	\$526.64	15.3%
78079DC0220032	BluePreferred PPO 1000 90%/70%	Gold	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	Gold	On	344	\$439.11	\$503.05	14.6%
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	Silver	On	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	Silver	On	65	\$340.02	\$401.03	17.9%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	Silver	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	Silver	On	24	\$366.76	\$439.88	19.9%

Appendix - Quarterly Rate Change Adjustment Factors

	(1)	(2)	(3) = (1 + (1)) * (1 + (2)) - 1
Quarter	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q18	2.0%	-0.3%	1.7%
3Q18	2.0%	-0.3%	1.7%
4Q18	2.0%	-0.3%	1.7%

The changes above are relative to the preceding quarter
and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2017	2018	% Change
Base Rate	\$353.31	\$424.60	20.2%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$231.06	\$308.68	33.6%

	BluePreferred PPO HSA/HRA Silver	BluePreferred PPO HSA/HRA Silver
Base Rate/Product(s)	2000	2000
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers - Small Group

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

ON Exchange

Forms Used for ALL ON-Exchange GHMSI Group Products

DC-CF-SHOP-GC (R 1-17)
DC-CF-SHOP-PPO-EOC (1-17)
DC/GHMSI/DOL APPEAL (R. 1/17)
DC-CF-SHOP-PPO-DOCS (1-17)
DC/CF/SHP/ELIG (1/14)
DC/GHMSI/FAM PLAN (8/12)
DC/CF/PARTNER (R. 7/09)
DC/CF/BLCRD (R. 1/17)
DC/CF/MEM/BLCRD (R. 1/17)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SHP/2018 AMEND (1/18)
DC/CF/PT PROTECT (9/10)
DC/GHMSI-HEALTH GUARANTEE 1/15
DC/CF/SG/INCENT (R. 1/18)
DC CF SHOP ELIG AMEND (1-17)

Product: BluePreferred

Network: Regional Preferred (RPN)

DC CF BP PPO 1000 90-70 (1-18)
DC CF BP PPO BF HSA SIL 1500 (1-18)
DC CF BP PPO CDH 2000 80-60 (1-18)
DC CF BP PPO CDH SIL 1500 (1-18)
DC CF BP PPO CDH SIL 2000 (1-18)
DC CF BP PPO GOLD 500 (1-18)
DC CF BP PPO GOLD 1000 (1-18)
DC CF BP PPO GOLD 1500 (1-18)
DC CF BP PPO PLAT 0 (1-18)
DC CF BP PPO PLAT 500 (1-18)
DC CF BP PPO SIL 1000 (1-18)

Product: HealthyBlue PPO

Network: Regional Preferred (RPN)

DC CF HB PPO CDH SIL 2000 (1-18)
DC CF HB PPO GOLD 1500 (1-18)
DC CF HB PPO PLAT 500 (1-18)
DC CF HB PPO PLAT 1000 (1-18)

Appendix - Experience by Service Category

RPT_YR_MTH	MEMB_CNT	SERV_C_TG_Y_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	IP	\$727,774	Admit	46.00
201402	9,025	IP	\$721,325	Admit	55.00
201403	10,320	IP	\$632,867	Admit	60.00
201404	11,168	IP	\$943,968	Admit	62.00
201405	12,443	IP	\$925,884	Admit	64.00
201406	13,802	IP	\$1,154,796	Admit	79.00
201407	16,256	IP	\$904,962	Admit	79.00
201408	18,515	IP	\$1,836,363	Admit	85.00
201409	20,802	IP	\$1,502,490	Admit	96.00
201410	22,705	IP	\$3,076,520	Admit	123.00
201411	25,280	IP	\$1,396,286	Admit	105.00
201412	38,029	IP	\$2,346,881	Admit	184.00
201501	37,788	IP	\$3,074,408	Admit	162.00
201502	37,691	IP	\$2,190,779	Admit	167.00
201503	37,675	IP	\$3,158,341	Admit	217.00
201504	37,643	IP	\$2,854,358	Admit	183.00
201505	37,323	IP	\$3,204,951	Admit	192.00
201506	37,220	IP	\$3,735,881	Admit	180.00
201507	37,169	IP	\$3,480,224	Admit	206.00
201508	36,937	IP	\$2,873,456	Admit	190.00
201509	36,915	IP	\$3,077,277	Admit	166.00
201510	36,736	IP	\$3,175,921	Admit	189.00
201511	36,893	IP	\$2,163,713	Admit	148.00
201512	36,475	IP	\$2,697,424	Admit	185.00
201601	37,936	IP	\$4,164,675	Admit	246.00
201602	38,265	IP	\$3,414,335	Admit	166.00
201603	38,703	IP	\$4,865,193	Admit	213.00
201604	38,577	IP	\$3,144,852	Admit	208.00
201605	38,594	IP	\$3,444,476	Admit	220.00
201606	38,590	IP	\$3,763,106	Admit	207.00
201607	38,433	IP	\$3,911,619	Admit	210.00
201608	37,664	IP	\$4,515,199	Admit	223.00
201609	37,088	IP	\$4,089,322	Admit	229.00
201610	37,022	IP	\$3,545,701	Admit	225.00
201611	36,181	IP	\$3,410,788	Admit	210.00
201612	33,439	IP	\$2,289,434	Admit	151.00
201701	34,634	IP	\$2,576,463	Admit	147.00
201702	35,060	IP	\$1,912,529	Admit	89.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	OP	\$634,702	Visit	481.00
201402	9,025	OP	\$635,387	Visit	580.00
201403	10,320	OP	\$1,189,692	Visit	764.00
201404	11,168	OP	\$1,037,175	Visit	825.00
201405	12,443	OP	\$1,094,219	Visit	864.00
201406	13,802	OP	\$1,124,059	Visit	949.00
201407	16,256	OP	\$1,455,747	Visit	1,164.00
201408	18,515	OP	\$1,889,782	Visit	1,406.00
201409	20,802	OP	\$1,963,114	Visit	1,623.00
201410	22,705	OP	\$2,472,474	Visit	1,923.00
201411	25,280	OP	\$2,351,126	Visit	1,762.00
201412	38,029	OP	\$4,196,609	Visit	2,940.00
201501	37,788	OP	\$4,015,415	Visit	2,857.00
201502	37,691	OP	\$3,275,731	Visit	2,483.00
201503	37,675	OP	\$3,879,241	Visit	2,928.00
201504	37,643	OP	\$3,846,299	Visit	2,752.00
201505	37,323	OP	\$3,678,551	Visit	2,696.00
201506	37,220	OP	\$3,763,966	Visit	2,804.00
201507	37,169	OP	\$3,617,793	Visit	2,866.00
201508	36,937	OP	\$3,565,874	Visit	2,809.00
201509	36,915	OP	\$3,445,365	Visit	2,744.00
201510	36,736	OP	\$3,963,303	Visit	2,813.00
201511	36,893	OP	\$3,907,193	Visit	2,897.00
201512	36,475	OP	\$4,246,903	Visit	3,040.00
201601	37,936	OP	\$4,478,612	Visit	3,105.00
201602	38,265	OP	\$4,305,424	Visit	3,236.00
201603	38,703	OP	\$4,755,077	Visit	3,331.00
201604	38,577	OP	\$4,369,339	Visit	3,222.00
201605	38,594	OP	\$4,237,778	Visit	3,241.00
201606	38,590	OP	\$4,458,753	Visit	3,331.00
201607	38,433	OP	\$3,948,056	Visit	3,082.00
201608	37,664	OP	\$4,118,770	Visit	3,244.00
201609	37,088	OP	\$4,055,618	Visit	3,080.00
201610	37,022	OP	\$4,011,392	Visit	3,027.00
201611	36,181	OP	\$4,439,716	Visit	2,925.00
201612	33,439	OP	\$4,102,428	Visit	2,625.00
201701	34,634	OP	\$4,283,082	Visit	2,521.00
201702	35,060	OP	\$3,545,520	Visit	2,453.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	PROF	\$956,680	Visit	5,404.00
201402	9,025	PROF	\$1,052,121	Visit	6,213.00
201403	10,320	PROF	\$1,357,705	Visit	8,174.00
201404	11,168	PROF	\$1,538,875	Visit	9,217.00
201405	12,443	PROF	\$1,672,157	Visit	9,933.00
201406	13,802	PROF	\$1,786,082	Visit	10,835.00
201407	16,256	PROF	\$2,216,511	Visit	13,366.00
201408	18,515	PROF	\$2,560,175	Visit	14,995.00
201409	20,802	PROF	\$3,095,709	Visit	18,632.00
201410	22,705	PROF	\$3,904,647	Visit	23,443.00
201411	25,280	PROF	\$3,318,512	Visit	20,557.00
201412	38,029	PROF	\$5,678,777	Visit	34,871.00
201501	37,788	PROF	\$5,822,731	Visit	33,930.00
201502	37,691	PROF	\$5,017,706	Visit	29,945.00
201503	37,675	PROF	\$5,815,587	Visit	33,848.00
201504	37,643	PROF	\$5,933,362	Visit	34,688.00
201505	37,323	PROF	\$5,540,454	Visit	32,703.00
201506	37,220	PROF	\$5,879,934	Visit	34,579.00
201507	37,169	PROF	\$6,046,068	Visit	34,294.00
201508	36,937	PROF	\$5,464,196	Visit	32,241.00
201509	36,915	PROF	\$5,585,289	Visit	33,596.00
201510	36,736	PROF	\$6,332,765	Visit	37,585.00
201511	36,893	PROF	\$5,748,944	Visit	33,829.00
201512	36,475	PROF	\$5,827,133	Visit	34,666.00
201601	37,936	PROF	\$6,341,895	Visit	33,530.00
201602	38,265	PROF	\$6,268,825	Visit	35,842.00
201603	38,703	PROF	\$6,756,837	Visit	39,255.00
201604	38,577	PROF	\$6,257,425	Visit	36,823.00
201605	38,594	PROF	\$6,501,028	Visit	37,134.00
201606	38,590	PROF	\$6,712,986	Visit	37,616.00
201607	38,433	PROF	\$5,834,296	Visit	33,435.00
201608	37,664	PROF	\$6,641,813	Visit	37,220.00
201609	37,088	PROF	\$6,328,700	Visit	35,599.00
201610	37,022	PROF	\$6,323,852	Visit	36,462.00
201611	36,181	PROF	\$6,122,435	Visit	34,290.00
201612	33,439	PROF	\$5,651,900	Visit	29,420.00
201701	34,634	PROF	\$6,081,352	Visit	31,690.00
201702	35,060	PROF	\$7,383,608	Visit	39,080.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	OTHR	\$138,846	Service	850.00
201402	9,025	OTHR	\$204,961	Service	1,055.00
201403	10,320	OTHR	\$293,757	Service	1,440.00
201404	11,168	OTHR	\$263,401	Service	1,650.00
201405	12,443	OTHR	\$417,703	Service	1,504.00
201406	13,802	OTHR	\$431,427	Service	2,016.00
201407	16,256	OTHR	\$511,877	Service	2,273.00
201408	18,515	OTHR	\$541,563	Service	2,194.00
201409	20,802	OTHR	\$639,226	Service	2,769.00
201410	22,705	OTHR	\$767,493	Service	3,134.00
201411	25,280	OTHR	\$747,563	Service	3,241.00
201412	38,029	OTHR	\$1,210,240	Service	5,313.00
201501	37,788	OTHR	\$1,173,889	Service	4,805.00
201502	37,691	OTHR	\$1,149,120	Service	4,518.00
201503	37,675	OTHR	\$1,175,419	Service	5,211.00
201504	37,643	OTHR	\$1,316,590	Service	5,366.00
201505	37,323	OTHR	\$1,066,935	Service	4,365.00
201506	37,220	OTHR	\$1,206,808	Service	5,191.00
201507	37,169	OTHR	\$1,242,009	Service	4,930.00
201508	36,937	OTHR	\$1,228,486	Service	5,318.00
201509	36,915	OTHR	\$1,130,709	Service	4,765.00
201510	36,736	OTHR	\$1,200,467	Service	5,064.00
201511	36,893	OTHR	\$1,005,558	Service	4,453.00
201512	36,475	OTHR	\$1,223,214	Service	5,287.00
201601	37,936	OTHR	\$1,039,217	Service	4,599.00
201602	38,265	OTHR	\$1,124,773	Service	4,766.00
201603	38,703	OTHR	\$1,271,085	Service	5,507.00
201604	38,577	OTHR	\$1,101,183	Service	5,206.00
201605	38,594	OTHR	\$1,259,814	Service	5,384.00
201606	38,590	OTHR	\$1,511,779	Service	5,541.00
201607	38,433	OTHR	\$1,213,001	Service	4,765.00
201608	37,664	OTHR	\$1,355,920	Service	5,890.00
201609	37,088	OTHR	\$1,218,046	Service	4,431.00
201610	37,022	OTHR	\$1,071,143	Service	4,495.00
201611	36,181	OTHR	\$1,223,992	Service	4,307.00
201612	33,439	OTHR	\$1,395,048	Service	3,962.00
201701	34,634	OTHR	\$1,049,029	Service	3,518.00
201702	35,060	OTHR	\$1,047,467	Service	4,086.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	RX	\$358,357	Script	3,383.00
201402	9,025	RX	\$621,733	Script	5,606.00
201403	10,320	RX	\$1,015,807	Script	8,245.00
201404	11,168	RX	\$1,128,385	Script	8,973.00
201405	12,443	RX	\$1,236,865	Script	9,940.00
201406	13,802	RX	\$1,454,488	Script	10,821.00
201407	16,256	RX	\$1,868,197	Script	12,931.00
201408	18,515	RX	\$1,862,162	Script	14,423.00
201409	20,802	RX	\$2,243,994	Script	16,811.00
201410	22,705	RX	\$2,675,779	Script	18,850.00
201411	25,280	RX	\$2,611,038	Script	19,251.00
201412	38,029	RX	\$4,599,459	Script	33,567.00
201501	37,788	RX	\$4,450,672	Script	31,353.00
201502	37,691	RX	\$4,059,454	Script	28,203.00
201503	37,675	RX	\$4,629,040	Script	31,223.00
201504	37,643	RX	\$4,762,836	Script	30,339.00
201505	37,323	RX	\$4,465,233	Script	30,080.00
201506	37,220	RX	\$4,740,016	Script	30,313.00
201507	37,169	RX	\$4,837,803	Script	30,214.00
201508	36,937	RX	\$4,723,022	Script	29,461.00
201509	36,915	RX	\$4,669,373	Script	29,251.00
201510	36,736	RX	\$5,238,483	Script	30,578.00
201511	36,893	RX	\$4,674,219	Script	29,658.00
201512	36,475	RX	\$5,539,579	Script	31,830.00
201601	37,936	RX	\$4,647,645	Script	29,217.00
201602	38,265	RX	\$5,012,481	Script	30,850.00
201603	38,703	RX	\$5,815,563	Script	33,665.00
201604	38,577	RX	\$5,529,040	Script	31,464.00
201605	38,594	RX	\$5,507,622	Script	32,125.00
201606	38,590	RX	\$6,148,909	Script	31,661.00
201607	38,433	RX	\$5,905,042	Script	30,141.00
201608	37,664	RX	\$6,084,880	Script	31,577.00
201609	37,088	RX	\$5,261,444	Script	29,733.00
201610	37,022	RX	\$5,665,716	Script	29,988.00
201611	36,181	RX	\$5,279,833	Script	30,056.00
201612	33,439	RX	\$5,390,690	Script	29,407.00
201701	34,634	RX	\$5,371,675	Script	29,386.00
201702	35,060	RX	\$5,438,583	Script	28,238.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization	Premium	Incurred Claims
201401	7,418	All	\$2,816,359	n/a	n/a	3,366,675	\$2,113,489
201402	9,025	All	\$3,235,527	n/a	n/a	3,732,241	\$2,496,771
201403	10,320	All	\$4,489,829	n/a	n/a	4,364,654	\$3,574,334
201404	11,168	All	\$4,911,804	n/a	n/a	4,771,471	\$4,012,384
201405	12,443	All	\$5,346,828	n/a	n/a	5,305,053	\$4,422,718
201406	13,802	All	\$5,950,852	n/a	n/a	5,928,618	\$4,989,575
201407	16,256	All	\$6,957,294	n/a	n/a	7,090,278	\$5,819,775
201408	18,515	All	\$8,690,045	n/a	n/a	8,189,435	\$7,484,605
201409	20,802	All	\$9,444,533	n/a	n/a	9,464,244	\$8,045,176
201410	22,705	All	\$12,896,912	n/a	n/a	10,398,951	\$11,407,622
201411	25,280	All	\$10,424,526	n/a	n/a	11,553,834	\$9,075,011
201412	38,029	All	\$18,031,967	n/a	n/a	18,491,108	\$15,570,507
201501	37,788	All	\$18,537,115	n/a	n/a	18,255,612	\$15,198,826
201502	37,691	All	\$15,692,790	n/a	n/a	18,062,447	\$13,134,864
201503	37,675	All	\$18,657,629	n/a	n/a	15,299,962	\$16,021,041
201504	37,643	All	\$18,713,444	n/a	n/a	18,149,629	\$16,291,157
201505	37,323	All	\$17,956,123	n/a	n/a	18,152,384	\$15,750,807
201506	37,220	All	\$19,326,605	n/a	n/a	18,108,442	\$17,189,161
201507	37,169	All	\$19,223,897	n/a	n/a	18,145,160	\$17,167,146
201508	36,937	All	\$17,855,033	n/a	n/a	18,176,360	\$15,887,977
201509	36,915	All	\$17,908,012	n/a	n/a	18,265,188	\$16,066,546
201510	36,736	All	\$19,910,939	n/a	n/a	18,262,720	\$17,861,853
201511	36,893	All	\$17,499,627	n/a	n/a	18,474,685	\$15,705,549
201512	36,475	All	\$19,534,253	n/a	n/a	19,013,490	\$17,318,645
201601	37,936	All	\$20,672,044	n/a	n/a	19,461,853	\$16,693,927
201602	38,265	All	\$20,125,838	n/a	n/a	19,691,533	\$16,532,176
201603	38,703	All	\$23,463,755	n/a	n/a	19,850,004	\$20,029,525
201604	38,577	All	\$20,401,839	n/a	n/a	19,828,230	\$16,913,301
201605	38,594	All	\$20,950,718	n/a	n/a	19,807,063	\$17,812,597
201606	38,590	All	\$22,595,534	n/a	n/a	19,857,625	\$19,511,846
201607	38,433	All	\$20,812,013	n/a	n/a	19,759,352	\$18,362,252
201608	37,664	All	\$22,716,582	n/a	n/a	19,330,516	\$19,911,040
201609	37,088	All	\$20,953,131	n/a	n/a	19,059,307	\$18,235,895
201610	37,022	All	\$20,617,803	n/a	n/a	19,014,969	\$17,959,679
201611	36,181	All	\$20,476,764	n/a	n/a	18,660,654	\$17,637,215
201612	33,439	All	\$18,829,499	n/a	n/a	17,633,146	\$15,858,350
201701	34,634	All	\$19,361,601	n/a	n/a	18,043,398	\$16,147,994
201702	35,060	All	\$19,327,708	n/a	n/a	18,281,809	\$15,743,962

**Group Hospitalization & Medical Services, Inc. (GHMSI)
(NAIC # 53007)**

**Rate Filing # 2169
D.C. Small Group On/Off Exchange Products
Rate Filing Effective 1/1/2018**

Actuarial Value Calculations

**CareFirst BlueCross BlueShield (GHMSI)
DC Small Group**

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3	List of DC SG GHMSI Plans & Actuarial Values
	<i>AV Screenshots</i>
4	Platinum - \$0/\$0 Ded, \$1500 OOP, \$10/\$20 - Hospital
5	Platinum - \$0/\$0 Ded, \$1500 OOP, \$10/\$20 - Freestanding
6	Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Hospital
7	Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Freestanding
8	Gold - \$500/\$250 Ded, \$5000 OOP, \$15/\$30 - Hospital
9	Gold - \$500/\$250 Ded, \$5000 OOP, \$15/\$30 - Freestanding
10	Gold - \$1000/\$250 Ded, \$4000 OOP, \$15/\$30 - Hospital
11	Gold - \$1000/\$250 Ded, \$4000 OOP, \$15/\$30 - Freestanding
12	Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Hospital
13	Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Freestanding
14	Silver - \$1000/\$100 Ded, \$7150 OOP, \$40/\$80 - Hospital
15	Silver - \$1000/\$100 Ded, \$7150 OOP, \$40/\$80 - Freestanding
16	Silver - \$1500 Ded, \$5500 OOP, \$25/\$50 - Hospital
17	Silver - \$1500 Ded, \$5500 OOP, \$25/\$50 - Freestanding
18	Silver - \$2000 Ded, \$5500 OOP, \$25/\$50 - Hospital
19	Silver - \$2000 Ded, \$5500 OOP, \$25/\$50 - Freestanding
20	Platinum - HealthyBlue - \$500/\$0 Ded, \$1500 OOP, \$0/\$30 - Hospital
21	Platinum - HealthyBlue - \$500/\$0 Ded, \$1500 OOP, \$0/\$30 - Freestanding
22	Platinum - HealthyBlue - \$1000/\$0 Ded, \$1500 OOP, \$0/\$30 - Hospital
23	Platinum - HealthyBlue - \$1000/\$0 Ded, \$1500 OOP, \$0/\$30 - Freestanding
24	Gold - HealthyBlue - \$1500/\$0 Ded, \$7150 OOP, \$0/\$30 - Hospital
25	Gold - HealthyBlue - \$1500/\$0 Ded, \$7150 OOP, \$0/\$30 - Freestanding
26	Silver - HealthyBlue - \$2000 Ded, \$6550 OOP, \$0/\$45 - Hospital
27	Silver - HealthyBlue - \$2000 Ded, \$6550 OOP, \$0/\$45 - Freestanding
28	SHOP - BluePreferred PPO HSA/HRA 2000 80%/60%
29	SHOP - BluePreferred PPO 1000 90%/70%
30	Silver - BlueFund - \$1500 Ded, \$6350 OOP, \$25/\$50 - Hospital
31	Silver - BlueFund - \$1500 Ded, \$6350 OOP, \$25/\$50 - Freestanding

**CareFirst BlueCross BlueShield (GHMSI)
DC Small Group**

<u>Plan Name*</u>	<u>Metal Level</u>	<u>Actuarial Value</u>	<u>Page #'s of AV Screenshot**</u>	<u>Unique Plan</u>
BluePreferred PPO 1000 90%/70%	Gold	79.93%	29	No
BluePreferred PPO HSA/HRA 2000 80%/60%	Silver	71.35%	28	No
BluePreferred PPO Platinum 0	Platinum	91.01%	4, 5	Yes
BluePreferred PPO Platinum 500	Platinum	89.99%	6, 7	Yes
BluePreferred PPO Gold 500	Gold	80.43%	8, 9	Yes
BluePreferred PPO Silver 1000	Silver	71.93%	14, 15	Yes
BluePreferred PPO Gold 1000	Gold	80.59%	10, 11	Yes
BluePreferred PPO Gold 1500	Gold	80.84%	12, 13	Yes
BluePreferred PPO HSA/HRA Silver 1500	Silver	71.10%	16, 17	Yes
BluePreferred PPO Silver 1500 BlueFund HSA	Silver	71.42%	30, 31	Yes
BluePreferred PPO HSA/HRA Silver 2000	Silver	69.54%	18, 19	Yes
HealthyBlue PPO Platinum 500	Platinum	90.28%	20, 21	Yes
HealthyBlue PPO Platinum 1000	Platinum	89.76%	22, 23	Yes
HealthyBlue PPO Gold 1500	Gold	81.18%	24, 25	Yes
HealthyBlue PPO HSA/HRA Silver 2000	Silver	69.88%	26, 27	Yes

*Plan Names that are bolded are SHOP plans. These will not have the metal level in the plan name.

**For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.63	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Copays Weights

OP Facility Surgery	\$ 150	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 70.63	

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

90.95%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1367 seconds

Hospital SoS AV	90.95%
Freestanding SoS AV	91.26%
Final Blended AV*	91.01%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Platinum

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 50	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

91.26%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0977 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$1,500.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.63	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Copays Weights

OP Facility Surgery	\$ 150	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 70.63	

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

89.69%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0625 seconds

Hospital SoS AV	89.69%
Freestanding SoS AV	91.26%
Final Blended AV*	89.99%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs
 Tier 4
 Tier 5

Coins Max	Weighting
\$ 100	78%
\$ 150	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 50	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Calculation Successful.

91.26%
 Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$5,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$101.57	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 101.57	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

80.07%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0898 seconds

Hospital SoS AV	80.07%
Freestanding SoS AV	81.97%
Final Blended AV*	80.43%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☐

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate OOP Maximum for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Gold

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$5,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☒

Specialty Rx Coinsurance Maximum:

\$110.85

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

81.97%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.082 seconds

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$4,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$101.57	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Copays	Weights
OP Facility Surgery	\$ 300	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 101.57	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.08%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0938 seconds

Revised 2018 AV Calculator

Hospital SoS AV	80.08%
Freestanding SoS AV	82.75%
Final Blended AV*	80.59%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: Gold

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$4,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4 \$ 100	78%
Tier 5 \$ 150	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-4, +2] percent de minimis variation.
 82.75%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0977 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$3,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$101.57	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 101.57	

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

80.24%
 Gold

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

Hospital SoS AV	80.24%
Freestanding SoS AV	83.36%
Final Blended AV*	80.84%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Gold

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$3,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.
83.36%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0938 seconds

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☒
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,150.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$142.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 500	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 142.82	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.68%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	71.68%
Freestanding SoS AV	72.97%
Final Blended AV*	71.93%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,150.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-4, +2] percent de minimis variation.

72.97%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1094 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$5,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$142.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 500	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 142.82	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation Successful.

70.94%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0625 seconds

Hospital SoS AV	70.94%
Freestanding SoS AV	71.78%
Final Blended AV*	71.10%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$5,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4 \$ 100	78%
Tier 5 \$ 150	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.78%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☒ Apply Inpatient Copay per Day?
☒ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		100.00%
		\$5,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$122.19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 400	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 122.19	

Output

Calculate

Status/Error Messages:

Actuarial Value: 69.44%
 Metal Tier: Silver

Calculation Successful.

69.44%
Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	69.44%
Freestanding SoS AV	69.98%
Final Blended AV*	69.54%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		100.00%
		\$5,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.98%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4	78%
Tier 5	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 80.94	

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Calculation Successful.

89.79%
 Platinum

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0938 seconds

Revised 2018 AV Calculator

Hospital SoS AV	89.79%
Freestanding SoS AV	92.37%
Final Blended AV*	90.28%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Platinum

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.

92.37%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

Copays Weights

OP Facility Surgery	\$ 100	100%
OP Facility Non-Surgery		0%

User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Platinum

Inputs for Hospital Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 80.94	

Output

Calculate

Status/Error Messages:

Actuarial Value: 89.12%
 Metal Tier: Platinum

Additional Notes:

Calculation Successful.

89.12%
Platinum

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	89.12%
Freestanding SoS AV	92.44%
Final Blended AV*	89.76%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Platinum

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$1,000.00	\$0.00	
100.00%	100.00%	
	\$1,500.00	

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.

92.44%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1055 seconds

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,150.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4	78%
Tier 5	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 80.94	

Output

Calculate

Status/Error Messages:

Actuarial Value:
 Metal Tier:

Calculation Successful.

79.91%
 Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	79.91%
Freestanding SoS AV	86.52%
Final Blended AV*	81.18%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☐

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate OOP Maximum for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Gold

Inputs for Freestanding Site-of-Service

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,150.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☒

Specialty Rx Coinsurance Maximum: \$110.85

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised 2018 AV Calculator

Calculation resolved without matching metal tiers.

86.52%

Platinum

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

Copays

Weights

OP Facility Surgery	\$ 100	100%
OP Facility Non-Surgery		0%

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		100.00%
		\$6,550.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: **\$110.85**

Set a Maximum Number of Days for Charging an IP Copay? ☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]

Plan HIOS ID: [Input Plan HIOS ID]

Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4 \$ 100	78%
Tier 5 \$ 150	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 200	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 80.94	

Output

Calculate

Status/Error Messages:

Actuarial Value:
Metal Tier:

Calculation Successful.

69.50%
Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	69.50%
Freestanding SoS AV	71.49%
Final Blended AV*	69.88%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		100.00%
		\$6,550.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (Inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: **\$110.85**

Set a Maximum Number of Days for Charging an IP Copay? ☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Coins Max	Weighting
Tier 4 \$ 100	78%
Tier 5 \$ 150	22%
\$ 110.85	

Copays Weights

OP Facility Surgery	\$ 100	100%
OP Facility Non-Surgery		0%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.49%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0938 seconds

Revised 2018 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$2,000.00
Coinsurance (% , Insurer's Cost Share)			80.00%
MOOP (\$)			\$6,550.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery		21%
OP Facility Non-Surgery		79%
\$ -		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒
 Specialty Rx Coinsurance Maximum: \$110.85
 Set a Maximum Number of Days for Charging an IP Copay? ☐
 # Days (1-10):
 Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐
 # Visits (1-10):
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐
 # Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Tier 4	Coins Max	Weighting
	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 111	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.35%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1094 seconds

Revised 2018 AV Calculator

71.35%

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,000.00
		90.00%
		MOOP (\$)
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒

Specialty Rx Coinsurance Maximum: \$110.85

Set a Maximum Number of Days for Charging an IP Copay? ☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs
 Tier 4
 Tier 5

Copays	Weights
	21%
	79%
\$ -	

Coins Max	Weighting
\$ 100	78%
\$ 150	22%
\$ 111	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 79.93%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.1094 seconds

Revised 2018 AV Calculator

79.93%

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Medical	Drug	Combined
Deductible (\$)			\$1,500.00
Coinurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$5,300.00
MOOP if Separate (\$)			

	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$142.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

OP Facility Surgery	\$ 500	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 142.82	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 71.26%

Metal Tier: Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0781 seconds

Revised 2018 AV Calculator

Hospital SoS AV	71.26%
Freestanding SoS AV	72.11%
Final Blended AV*	71.42%

*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Medical	Drug	Combined
Deductible (\$)			\$1,500.00
Coinsurance (% , Insurer's Cost Share)			100.00%
MOOP (\$)			\$5,300.00
MOOP if Separate (\$)			

	Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Copays Weights

 OP Facility Surgery \$ 300 100%
 OP Facility Non-Surgery 0%

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	
Specialty Rx Coinsurance Maximum: <input checked="" type="checkbox"/> \$110.85	
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Specialty Drugs

Tier 4 Coins Max Weighting
 Tier 5 \$ 100 78%
 \$ 150 22%
 \$ 110.85

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-4, +2] percent de minimis variation.

72.11%

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0938 seconds

Revised 2018 AV Calculator

CAREFIRST BLUECROSS BLUESHIELD

PART III ACTUARIAL MEMORANDUM

Please note that the numbering below is consistent with the numbering in the 2018 Unified Rate Review Instructions.

4.1 REDACTED ACTUARIAL MEMORANDUM (AM): CareFirst (CF) is making no redactions so both AM submissions are the same.

4.2 GENERAL INFORMATION:

Company Legal Name: Group Hospitalization & Medical Services, Inc. (NAIC # 53007) (GHMSI).

State: District of Columbia.

HIOS Issuer ID: 78079.

Market: Small Groups (On & Off Exchange).

Effective Date: 1/1/18 and quarterly incremental "trend" increases effective 4/1/18, 7/1/18 and 10/1/18.

Company Filing Number: 2169

Primary Contact Name: Mr. Dwayne Lucado, F.S.A., M.A.A.A.

Primary Contact Telephone Number: 410-998-7519.

Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com.

4.3 PROPOSED RATE INCREASE(S): Base rates are changing 15.3% on average for 1Q18. The range is 11.9% to 20.2%. The estimated average base rate changes for 2Q18, 3Q18, and 4Q18 will be 14.1%, 13.1% and 12.0%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metalead benefit plans. The number of policyholders affected by this rate change is 14,697.

Please note that the proposed rates in this filing assume that the full amount of Cost Share Reduction subsidies will be funded and paid to affected carriers. In the event these subsidies are not funded and paid to carriers, we reserve the right to re-file and adjust the rate actions proposed in this filing.

Reason for Rate Increase(s): The main drivers supporting the rate increase are the assumed increases in allowed costs (8.3% assumed annual trend), and the reintroduction of the Health Insurer Fee in 2018, and deterioration in the base period experience.

4.4 MARKET EXPERIENCE:

4.4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/16 through 12/31/16, as required.

Paid Through Date: 2/28/17

Premiums (Net of MLR Rebate) in Experience Period: \$231,954,252 (Merged)

Estimated MLR rebates in Experience Period: \$0

Allowed and Incurred Claims From Experience Period: \$244,272,998 (Merged)

Paid and Incurred Claims From Experience Period: \$215,457,804 (Merged)

Estimates of Incurred but not Paid claims: These were estimated the same way for both paid and allowed claims. Estimates were derived using an internal "chain and ladder" model which is used in monthly reserving and is based on the most recent 36 months to derive the completion factor and IBNR for each incurred month.

4.4.2 - BENEFIT CATEGORIES:

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: In developing our 2018 rates, CareFirst has Projected the expected change of the single risk pool from 2016 to 2018. Our starting point for this projection are allowed claims by member from the base period normalized for age, gender, induced demand and network as specified in the URRT instructions on page 56. The numbers described above produce the morbidity factor that is displayed in Exhibit 4.

Changes in Benefits: Exhibit 5 in the Memorandum details our support to this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost- sharing requirements between the experience and projection periods.

Changes in Demographics: Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods.

Other Adjustments: We are proposing additional other adjustments for changes to our capitation fees, drug rebates and a formulary change. See Exhibit 7 in the Memorandum for details supporting these adjustments.

Trend Factors (Cost/Utilization): Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. We used observed rolling 12 PMPM allowed claims for the pool in total to fit a linear regression curve. Unit cost and utilization trends were set by service category based on observed trends over the experience period and to produce the overall anticipated trend indicated by our regression analysis.

4.4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT: This section is not needed since our base period experience is deemed fully credible.

4.4.5 - CREDIBILITY OF EXPERIENCE: Exhibit 2 of the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.6 - PAID TO ALLOWED RATIO: See Exhibit 10A in the Memorandum for the projected ratio of paid to allowed claims.

4.4.7 - RISK ADJUSTMENT AND REINSURANCE:

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM: The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing Reinsurance Claims Adjustments do not apply.

Projected Risk Adjustments PMPM: Exhibit 9 in the Memorandum contains details behind the assumed transfer amount and anticipated PLRS for this pool in 2018.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Reinsurance does not apply for 2018.

4.4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The 2018 "desired incurred claims ratio" (DICR) is 76.5% (1Q 2018).

Administrative Expense Load: See Exhibit 10A in the Memorandum for the assumed PMPMs (including Broker Commissions & Fees).

Contribution to Reserve & Risk Margin: See Exhibit 10A in the Memorandum.

Taxes and Fees:

See Exhibit 10A in the Memorandum for the assumed values of the following additional items.

- 1) Federal Income Tax (FIT)
- 2) State Regulatory Trust Annual Assessment Fee
- 3) Health Insurer Fee
- 4) PCORI
- 5) Risk Adjustment User Fee
- 6) Exchange User Fee

4.5 PROJECTED LOSS RATIO: See exhibit 10B in the Memorandum for a demonstration of our compliance with meeting the 80.0% minimum of the “Public Health Service Act” (PHSA) 218.

4.6 APPLICATION OF MARKET REFORM RATING RULES:

4.6.1 - SINGLE RISK POOL (SRP): Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.6.2 - INDEX RATE:

The base period allowed PMPM, including the split between EHB & Non-EHBs can be found on Exhibit 1 in the Memorandum.

The projected index rate is also included in Exhibit 1 and projected Non-EHBs are included on Exhibit 3.

The non-EHBs in both the base and projection periods reflect coverage for abortion services, hair prosthesis and morbid obesity.

4.6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental “trend” increases. Quarterly trend amounts can be found in the Appendix – Quarterly Changes exhibit of the Memorandum.

4.6.3 - MARKET ADJUSTED INDEX RATE:

See Exhibit 1 of the Memorandum for the application of these factors. Exhibit 9 contains more detail behind the Risk Adjustment Program Market Level Adjustment.

4.6.4 - PLAN ADJUSTED INDEX RATES: There is a “cost-share” factor derived from our internal pricing AV model. An induced utilization factor is also applied and includes a CDH/Non-CDH factor and a metal level induced demand factor. Cost-Share factors, induced utilization factors and Non-EHBs vary by plan. All other factors applying to the Market Adjusted Index Rate are the same across all plans.

4.6.5 - CALIBRATION: Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

Age Curve Calibration – We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor.

4.6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT:

Small Group Plan Premium Rates – Our index rates for 2Q, 3Q & 4Q are developed identically to 1Q with the exception of applying additional trend months. The plan level index rates change on a quarterly basis due to this additional trend and changes in administrative load factors only.

4.7 PLAN PRODUCT INFORMATION:

4.7.1 - HHS ACTUARIAL METAL VALUES (AV): The majority of our 2018 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 81% of

the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with 2016 experience for our small group and Individual markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the "Actuarial Memorandum and Certifications" section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

4.7.2 - AV PRICING VALUES: The breakdown of the AV Pricing values is shown on Exhibit 11 of the Memorandum.

4.7.3 - MEMBERSHIP PROJECTIONS: The distribution of projected enrollment is based on actual enrollment by plan as of 2/28/17. Total projected enrollment is consistent with our corporate plan.

4.7.4 - TERMINATED PLANS AND PRODUCTS: See the exhibit Appendix – HIOS ID Mappings in the Memorandum.

4.7.5 - PLAN TYPE: PPO.

4.7.6 - WARNING ALERTS: Several warning alerts are triggered through Section III on Worksheet 2. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Individual plans. Therefore, because of Small Group being included at the pool level but not on the plan level, there is a much larger difference than the 10% which triggers a warning alert.

There are also 3 alerts that have been triggered in Section IV. These are due to the new language of the Unified Rate Review Instructions, page 45 (excerpt below):

The Total Allowed Claims (TAC) across all benefit plans for the Experience Period should be consistent with the Allowed Claims entered in Section I of Worksheet 1, except it should be net of Risk Adjustment transfers. Claims should be increased for any Risk Adjustment receivables and decreased by the amount of payments made into the Risk Adjustment programs. Risk Adjustment user fees should not be included here.

The inclusion of Risk Adjustment into Total Allowed Claims is causing the warning alerts to be activated, as that makes the cells inconsistent with Worksheet 1.

4.8. MISCELLANEOUS INSTRUCTIONS:

4.8.1 – Effective Rate Review Information: We have nothing additional to provide.

4.8.2 – Reliance: Not Applicable.

4.8.3 – Actuarial Certification: Included in the Memorandum.

**Group Hospitalization & Medical Services Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)**

**Rate Filing # 2169
D.C. Small Group Products
Rate Filing Effective 1/1/2018**

Actuarial Memorandum

Group Hospitalization & Medical Services Inc.
(NAIC # 53007)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products
Rate Filing Effective 1/1/2018
Actuarial Certification

I, Dwayne Lucado, am an Actuary, Group Pricing with GHMSI, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
 - b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - c. Neither excessive nor deficient.
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.
4. Consistent with 45 CFR § 156.135, the 2018 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado
Digitally signed by Dwayne Lucado
Date: 2017.05.01 14:26:19 -04'00'

Dwayne Lucado, FSA, MAAA
Actuary, Group Pricing
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

Exhibit 1 - Market Adjusted Index Rate Summary

		2018	Exhibit
(1)	Base Period Total Allowed	\$ 542.24	2
(2)	Base Period Non-EHB PMPM	\$ 2.84	2
(3)	Experience Period Index Rate	\$ 539.40	
(4)	Change in Morbidity	0.971	4
(5)	Additional Population Adjustment	1.000	
(6)	Induced Demand	0.994	5
(7)	Projection Period Utilization and Network Adjustment	1.000	
(8)	Demographic Adjustment	0.999	6
(9)	Area Adjustment	1.000	
(10)	Additional "Other" Adjustments	0.982	7
(11)	Annualized Trend	8.3%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.173	
(14)	Projection Period Index Rate	\$ 599.44	
(15)	Risk Adjustment Program	0.890	9
(16)	Federal Exchange User Fee	1.000	
(17)	Market Adjusted Index Rate	\$ 533.43	
	Without Risk Adjustment	\$ 599.44	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service		
Inpatient Hospital	\$	44,558,700	\$	98.91	Admits	66.81	\$	17,766.63
Outpatient Hospital	\$	51,280,962	\$	113.83	Visits	997.55	\$	1,369.35
Professional	\$	75,741,993	\$	168.13	Visits	11,364.27	\$	177.54
Other Medical	\$	14,785,000	\$	32.82	Services	1,567.70	\$	251.22
Capitation	\$	470,109	\$	1.04	Benefit Period	1,000	\$	12.52
Prescription Drug	\$	57,436,234	\$	127.50	Prescriptions	9,852.80	\$	155.28
<hr/>								
Total (EHB & Non-EHB)	\$	244,272,998	\$	542.24				
EHB Allowed	\$	242,995,334	\$	539.40				
Non-EHB Allowed	\$	1,277,664	\$	2.84				
Incurred Net	\$	215,457,804	\$	478.27				
Net/Allowed	88.20%							
Experience Period Member Months	450,492							

Exhibit 3 - Non-EHB Adjustment

		2018 On-Exchange	2018 Off-Exchange	
(1)	Blended Index Rate	\$ 613.56	\$ 613.56	
(2)	Non-EHB PMPM	\$ 3.11	\$ 3.11	
(3)	Total	\$ 616.67	\$ 616.67	
(4)	Plan Level Adjustment	1.005	1.005	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Cohort	Member Months	Normalized PMPM
(1) Total Experience Period	450,483	\$ 358.83
(2) Existing (enrolled prior to 2017)	30,550	\$ 361.49
(3) New in 2017	3,105	\$ 320.00
(4) Transferred in 2017 (Internal)	1,454	\$ 267.07
(5) Existing (enrolled prior to 2018)	307,341	\$ 350.19
(6) New in 2018	102,832	\$ 343.69
(7) Total Projection Period	410,173	\$ 348.56
(8) Adjustment for Change in Morbidity*		0.971

***Applied to all service categories except capitations**

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2016	82.8%	1.100	
(2) Projected 2018	81.9%	1.093	
(3) Adjustment*		0.994	(2)/(1)

***Applied to all service categories except capitations**

Exhibit 6 - Demographic Adjustment

	Period	Age Factor	Average Age
(1)	Base Period	1.709	34.6
(2)	Most Recent Month	1.707	34.8
(3)	Projection Period	1.707 = (2)	
(4)	Demographic Adjustment*	0.999 (3) / (1)	

***Applied to all service categories except capitations**

**Average age is claims weighted using our internal age factor curve
as a proxy**

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment

(1)	EP Capitation PMPM	\$	0.88	
(2)	Projected Difference in Capitations PMPM	\$	(0.08)	
(3)	Adjustment to Capitation Category		0.9045	$1 + (2)/(1)$

Drug Rebates adjustment

(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$	147.06	
(5)	Experience Pharmacy Rebates PMPM	\$	(19.56)	
(6)	Projected Pharmacy Rebates PMPM	\$	(23.39)	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$	127.50	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$	123.67	
(9)	Adjustment to Drug Category		0.9700	$(8)/(7)$

Formulary Adjustments

(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$	147.06	
(11)	Ingredient cost adjustment factor		0.961	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$	141.37	$(10)*(11)$
(13)	Projection Period Pharmacy Rebates PMPM	\$	(23.39)	
(14)	Adjustment to Drug Category		0.9540	$[(12) + (13)]/[(10) + (13)]$

	PMPM	Adjustment
Inpatient Hospital	\$ 111.58	1.000
Outpatient Hospital	\$ 127.93	1.000
Professional	\$ 187.18	1.000
Other Medical	\$ 34.24	1.000
Capitation	\$ 0.88	0.904
Prescription Drug	\$ 148.82	0.925
Total	\$ 610.63	0.9817

PMPM weights are set equal projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	2016 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 98.91	18%	1.0500	1.0300	1.082
Outpatient Hospital	\$ 113.83	21%	1.0600	1.0200	1.081
Professional	\$ 168.13	31%	1.0400	1.0400	1.082
Other Medical	\$ 32.82	6%	1.0000	1.0400	1.040
Capitation	\$ 1.04	0%	1.0000	1.0000	1.000
Prescription Drug	\$ 127.50	24%	1.0000	1.1000	1.100
Total	\$ 542.24	100%			1.083
Proposed Trend					1.083

Exhibit 9 - Risk Adjustment

2016

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Catastrophic						
Bronze	3,473	1%	1.518	1.202	\$478,634	\$137.80
Silver	33,152	9%	1.249	1.081	\$1,143,346	\$34.49
Gold	138,310	36%	1.368	1.052	\$4,532,699	\$32.77
Platinum	205,813	54%	1.589	1.059	\$11,121,772	\$54.04
Total	380,749	100%	1.478	1.060	\$17,276,451	\$45.37
Statewide	976,511		1.307	1.041		
State Average Premium		\$ 469.57				

2018

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Catastrophic						
Bronze	0	0%	0.000	0.000	\$0	\$0.00
Silver	47,219	15%	1.240	1.063	\$1,407,394	\$29.81
Gold	103,331	34%	1.359	0.943	\$7,474,832	\$72.34
Platinum	155,944	51%	1.565	1.014	\$9,322,507	\$59.78
Total	306,494	100%	1.445	0.997	\$18,204,733	\$59.40
Statewide	846,919		1.267	0.992		
State Average Premium		\$ 516.53				

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor
\$ 613.56	\$67.70	\$ 0.14	0.890

Adjustment Factor = (\$613.56 - \$67.7+ \$0.14) / \$613.56

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2018		2Q 2018		3Q 2018		4Q 2018	
	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$ 602.55		\$ 614.64		\$ 626.98		\$ 639.58	
Paid/Allowed Ratio	87.7%		87.7%		87.7%		87.7%	
Paid Claims & Capitations	\$ 528.64		\$ 539.25		\$ 550.08		\$ 561.13	
Risk Adjustment Transfer (Paid Basis)	\$ 59.40		\$ 59.40		\$ 59.40		\$ 59.40	
 Paid Claims & Capitations (Post-Risk Adj)	 \$ 469.24	 76.5%	 \$ 479.85	 76.7%	 \$ 490.68	 77.0%	 \$ 501.74	 77.2%
 Administrative Expense	 \$ 57.53	 9.4%	 \$ 57.53	 9.2%	 \$ 57.53	 9.0%	 \$ 57.53	 8.9%
Broker Commissions & Fee	\$ 22.80	3.7%	\$ 22.80	3.6%	\$ 22.80	3.6%	\$ 22.80	3.5%
Contribution to Reserve (Post-Tax)	\$ 19.64	3.2%	\$ 20.01	3.2%	\$ 20.40	3.2%	\$ 20.80	3.2%
Investment Income Credit	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$ (0.00)	-0.0001%
 <u>Non-ACA Taxes & Fees</u>								
State Premium Tax	\$ 12.27	2.0%	\$ 12.51	2.0%	\$ 12.75	2.0%	\$ 13.00	2.0%
State Assessment Fee	\$ 0.71	0.1%	\$ 0.72	0.1%	\$ 0.73	0.1%	\$ 0.75	0.1%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 4.91	0.8%	\$ 5.00	0.8%	\$ 5.10	0.8%	\$ 5.20	0.8%
 <u>ACA Taxes & Fees</u>								
Health Insurer Tax	\$ 19.64	3.2%	\$ 20.01	3.2%	\$ 20.40	3.2%	\$ 20.80	3.2%
Risk Adjustment User Fee	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%	\$ 0.14	0.0%
Exchange Assessment Fee	\$ 6.14	1.0%	\$ 6.25	1.0%	\$ 6.38	1.0%	\$ 6.50	1.0%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
PCORI Tax	\$ 0.21	0.0%	\$ 0.21	0.0%	\$ 0.21	0.0%	\$ 0.21	0.0%
 BlueRewards/Incentive Program	 \$ 0.42	 0.1%	 \$ 0.42	 0.1%	 \$ 0.42	 0.1%	 \$ 0.42	 0.1%
 Total Revenue	 \$ 613.62	 100.0%	 \$ 625.45	 100.0%	 \$ 637.53	 100.0%	 \$ 649.85	 100.0%
Plan Level Admin Load Adjustment	1.3073		1.3030		1.2989		1.2949	
 Projected Member Months	 115,180		 44,344		 38,379		 121,540	
Average Members	9,598		3,695		3,198		10,128	
% Total 2018	36.1%		13.9%		12.0%		38.0%	

Exhibit 10B - Federal MLR

	Total 2018 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-Risk Adj)	\$ 454.26
Total Revenue	\$ 588.71
Traditional MLR (i.e. DICR)	77.2%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.42
Quality Improvement Expenses	\$ 2.55
Removal of non-care costs under MLR guidelines	\$ (4.75)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 16.63
ACA Taxes & Fees	\$ 25.07
Federal MLR Numerator	\$ 452.47
Federal MLR Denominator	\$ 547.01
Federal MLR	82.7%

The Federal MLR is based on a blended market

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization*	Non-EHB**	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.828	1.000	0.9909	1.005	1.307	575.03
78079DC0220021	BluePreferred PPO Gold 500	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.853	1.000	0.9909	1.005	1.307	592.27
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.744	1.000	0.9034	1.005	1.307	470.84
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.718	1.000	0.9034	1.005	1.307	454.92
78079DC0220024	BluePreferred PPO Platinum 0	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.943	1.000	1.0553	1.005	1.307	697.35
78079DC0220025	BluePreferred PPO Platinum 500	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.898	1.000	1.0553	1.005	1.307	663.83
78079DC0220026	BluePreferred PPO Silver 1000	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.752	1.000	0.9457	1.005	1.307	498.66
78079DC0220027	HealthyBlue PPO Gold 1500	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.843	1.000	0.9909	1.005	1.307	585.54
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.734	1.000	0.9034	1.005	1.307	464.94
78079DC0220029	HealthyBlue PPO Platinum 1000	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.889	1.000	1.0553	1.005	1.307	657.51
78079DC0220030	HealthyBlue PPO Platinum 500	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.906	1.000	1.0553	1.005	1.307	670.45
78079DC0220031	BluePreferred PPO Gold 1500	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.812	1.000	0.9909	1.005	1.307	564.25
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.780	1.000	0.9909	1.000	1.307	538.97
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.682	1.000	0.9034	1.000	1.307	429.67
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.744	1.000	0.9034	1.005	1.307	471.29

*Exhibit 15, **Exhibit 3

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
78079DC0220020	BluePreferred PPO Gold 1000	0.806
78079DC0220021	BluePreferred PPO Gold 500	0.804
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.711
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.696
78079DC0220024	BluePreferred PPO Platinum 0	0.910
78079DC0220025	BluePreferred PPO Platinum 500	0.900
78079DC0220026	BluePreferred PPO Silver 1000	0.720
78079DC0220027	HealthyBlue PPO Gold 1500	0.812
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	0.699
78079DC0220029	HealthyBlue PPO Platinum 1000	0.898
78079DC0220030	HealthyBlue PPO Platinum 500	0.903
78079DC0220031	BluePreferred PPO Gold 1500	0.807
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.799
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	0.714
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.714

Exhibit 13 - Age Calibration

	Average Age	Factor	
(1) Projected	42.4	1.071	
(2) Nearest Rounded	42.0	1.053	
(3) Calibration		0.983	(2)/(1)

The nearest rounded age is determined as the age for the factor closest to the member weighted average factor. The projected average age is then interpolated using the nearest and average factors and the nearest age.

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	50,178	1.000	0.960
Non-CDH	372,941	1.047	1.005
	423,119	1.042	

Metal Level	Projected Member Months	Relative to Bronze	Relative to Average
Catastrophic	0	1.000	0.913
Bronze	25,458	1.000	0.913
Silver	93,174	1.030	0.941
Gold	118,703	1.080	0.986
Platinum	185,784	1.150	1.050
Total	423,119	1.095	

Factors are applied as plan level adjustments

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period				Current Period				Rating Period	
2015 Base HIOS Plan ID	2015 HIOS Plan Name	2016 Base HIOS Plan ID	2016 HIOS Plan Name	2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name		
78079DC0170001	BlueCross BlueShield Preferred 1000, A Multi-State Plan	78079DC0170001	BlueCross BlueShield Preferred 1000, a Multi-State Plan	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%		
78079DC0190001	BlueCross BlueShield Preferred 2000, A Multi-State Plan	78079DC0170002	BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA)	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%		
78079DC0220006	BluePreferred PPO \$500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500		
78079DC0220007	BluePreferred PPO \$1,200	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500		
78079DC0220011	BluePreferred PPO \$4,500	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000		
78079DC0220012	BluePreferred PPO \$1,000 100%/80%	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000		
78079DC0220013	BluePreferred PPO 100%/80%, Rx-\$10/\$45/\$65/50%	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0		
78079DC0220014	BluePreferred PPO \$1,000 80%/60%	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000		
78079DC0220015	BluePreferred PPO \$2,000	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500		
78079DC0220016	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0		
78079DC0220018	BluePreferred PPO \$1000 \$30/\$40	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000		
78079DC0220019	BluePreferred PPO \$500 \$20/\$30	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500		
78079DC0230003	BluePreferred PPO HSA/HRA \$4,000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000		
78079DC0230008	BluePreferred PPO HSA/HRA \$1,400	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500		
78079DC0230009	BluePreferred PPO HSA/HRA \$4,500	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000		
78079DC0230010	BluePreferred PPO HSA/HRA \$2,000, 100%/80%	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000		
78079DC0230011	BluePreferred PPO HSA/HRA \$1,800	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000		
78079DC0300004	HealthyBlue PPO \$1,500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500		
78079DC0300005	HealthyBlue PPO \$300	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500		
78079DC0300006	HealthyBlue PPO \$600	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000		
78079DC0310002	HealthyBlue PPO HSA/HRA \$2,000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000		
				78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA		

Appendix - Annual Rate Change Based on Mapping

Bronze Members/Avg Renewal	-	n/a
Silver Members/Avg Renewal	3,307	19.8%
Gold Members/Avg Renewal	10,151	15.8%
Platinum Members/Avg Renewal	12,555	13.7%
All Members/Avg Renewal	26,013	15.3%
Minimum Renewal		11.9%
Maximum Renewal		20.2%

2017 HIOS Plan ID	2017 HIOS Plan Name	2017 Metal Level	2017 Marketplace Indicator	2018 HIOS Plan ID	2018 HIOS Plan Name	2018 Metal Level	2018 Marketplace Indicator	Projected 2017 EOY Members	1Q2017 Base Rate	1Q2018 Base Rate	Annual Rate Change
78079DC0220020	BluePreferred PPO Gold 1000	Gold	On	78079DC0220020	BluePreferred PPO Gold 1000	Gold	On	3,626	\$461.83	\$536.70	16.2%
78079DC0220021	BluePreferred PPO Gold 500	Gold	On	78079DC0220021	BluePreferred PPO Gold 500	Gold	On	2,651	\$474.05	\$552.80	16.6%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	Silver	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	Silver	On	1,367	\$366.34	\$439.46	20.0%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	Silver	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	Silver	On	1,198	\$353.31	\$424.60	20.2%
78079DC0220024	BluePreferred PPO Platinum 0	Platinum	On	78079DC0220024	BluePreferred PPO Platinum 0	Platinum	On	8,715	\$573.04	\$650.87	13.6%
78079DC0220025	BluePreferred PPO Platinum 500	Platinum	On	78079DC0220025	BluePreferred PPO Platinum 500	Platinum	On	3,424	\$543.44	\$619.58	14.0%
78079DC0220026	BluePreferred PPO Silver 1000	Silver	On	78079DC0220026	BluePreferred PPO Silver 1000	Silver	On	413	\$392.72	\$465.42	18.5%
78079DC0220027	HealthyBlue PPO Gold 1500	Gold	On	78079DC0220027	HealthyBlue PPO Gold 1500	Gold	On	2,079	\$477.36	\$546.51	14.5%
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	Silver	On	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	Silver	On	240	\$363.20	\$433.95	19.5%
78079DC0220029	HealthyBlue PPO Platinum 1000	Platinum	On	78079DC0220029	HealthyBlue PPO Platinum 1000	Platinum	On	109	\$537.17	\$613.68	14.2%
78079DC0220030	HealthyBlue PPO Platinum 500	Platinum	On	78079DC0220030	HealthyBlue PPO Platinum 500	Platinum	On	307	\$559.03	\$625.76	11.9%
78079DC0220031	BluePreferred PPO Gold 1500	Gold	On	78079DC0220031	BluePreferred PPO Gold 1500	Gold	On	1,451	\$456.78	\$526.64	15.3%
78079DC0220032	BluePreferred PPO 1000 90%/70%	Gold	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	Gold	On	344	\$439.11	\$503.05	14.6%
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	Silver	On	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	Silver	On	65	\$340.02	\$401.03	17.9%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	Silver	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	Silver	On	24	\$366.76	\$439.88	19.9%

Appendix - Quarterly Rate Change Adjustment Factors

	(1)	(2)	(3) = (1 + (1)) * (1 + (2)) - 1
Quarter	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q18	2.0%	-0.3%	1.7%
3Q18	2.0%	-0.3%	1.7%
4Q18	2.0%	-0.3%	1.7%

The changes above are relative to the preceding quarter
and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2017	2018	% Change
Base Rate	\$353.31	\$424.60	20.2%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$231.06	\$308.68	33.6%

	BluePreferred PPO HSA/HRA Silver	BluePreferred PPO HSA/HRA Silver
Base Rate/Product(s)	2000	2000
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers - Small Group

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

ON Exchange

Forms Used for ALL ON-Exchange GHMSI Group Products

DC-CF-SHOP-GC (R 1-17)
DC-CF-SHOP-PPO-EOC (1-17)
DC/GHMSI/DOL APPEAL (R. 1/17)
DC-CF-SHOP-PPO-DOCS (1-17)
DC/CF/SHP/ELIG (1/14)
DC/GHMSI/FAM PLAN (8/12)
DC/CF/PARTNER (R. 7/09)
DC/CF/BLCRD (R. 1/17)
DC/CF/MEM/BLCRD (R. 1/17)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SHP/2018 AMEND (1/18)
DC/CF/PT PROTECT (9/10)
DC/GHMSI-HEALTH GUARANTEE 1/15
DC/CF/SG/INCENT (R. 1/18)
DC CF SHOP ELIG AMEND (1-17)

Product: BluePreferred

Network: Regional Preferred (RPN)

DC CF BP PPO 1000 90-70 (1-18)
DC CF BP PPO BF HSA SIL 1500 (1-18)
DC CF BP PPO CDH 2000 80-60 (1-18)
DC CF BP PPO CDH SIL 1500 (1-18)
DC CF BP PPO CDH SIL 2000 (1-18)
DC CF BP PPO GOLD 500 (1-18)
DC CF BP PPO GOLD 1000 (1-18)
DC CF BP PPO GOLD 1500 (1-18)
DC CF BP PPO PLAT 0 (1-18)
DC CF BP PPO PLAT 500 (1-18)
DC CF BP PPO SIL 1000 (1-18)

Product: HealthyBlue PPO

Network: Regional Preferred (RPN)

DC CF HB PPO CDH SIL 2000 (1-18)
DC CF HB PPO GOLD 1500 (1-18)
DC CF HB PPO PLAT 500 (1-18)
DC CF HB PPO PLAT 1000 (1-18)

Appendix - Experience by Service Category

RPT_YR_MTH	MEMB_CNT	SERV_C_TG_Y_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	IP	\$727,774	Admit	46.00
201402	9,025	IP	\$721,325	Admit	55.00
201403	10,320	IP	\$632,867	Admit	60.00
201404	11,168	IP	\$943,968	Admit	62.00
201405	12,443	IP	\$925,884	Admit	64.00
201406	13,802	IP	\$1,154,796	Admit	79.00
201407	16,256	IP	\$904,962	Admit	79.00
201408	18,515	IP	\$1,836,363	Admit	85.00
201409	20,802	IP	\$1,502,490	Admit	96.00
201410	22,705	IP	\$3,076,520	Admit	123.00
201411	25,280	IP	\$1,396,286	Admit	105.00
201412	38,029	IP	\$2,346,881	Admit	184.00
201501	37,788	IP	\$3,074,408	Admit	162.00
201502	37,691	IP	\$2,190,779	Admit	167.00
201503	37,675	IP	\$3,158,341	Admit	217.00
201504	37,643	IP	\$2,854,358	Admit	183.00
201505	37,323	IP	\$3,204,951	Admit	192.00
201506	37,220	IP	\$3,735,881	Admit	180.00
201507	37,169	IP	\$3,480,224	Admit	206.00
201508	36,937	IP	\$2,873,456	Admit	190.00
201509	36,915	IP	\$3,077,277	Admit	166.00
201510	36,736	IP	\$3,175,921	Admit	189.00
201511	36,893	IP	\$2,163,713	Admit	148.00
201512	36,475	IP	\$2,697,424	Admit	185.00
201601	37,936	IP	\$4,164,675	Admit	246.00
201602	38,265	IP	\$3,414,335	Admit	166.00
201603	38,703	IP	\$4,865,193	Admit	213.00
201604	38,577	IP	\$3,144,852	Admit	208.00
201605	38,594	IP	\$3,444,476	Admit	220.00
201606	38,590	IP	\$3,763,106	Admit	207.00
201607	38,433	IP	\$3,911,619	Admit	210.00
201608	37,664	IP	\$4,515,199	Admit	223.00
201609	37,088	IP	\$4,089,322	Admit	229.00
201610	37,022	IP	\$3,545,701	Admit	225.00
201611	36,181	IP	\$3,410,788	Admit	210.00
201612	33,439	IP	\$2,289,434	Admit	151.00
201701	34,634	IP	\$2,576,463	Admit	147.00
201702	35,060	IP	\$1,912,529	Admit	89.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	OP	\$634,702	Visit	481.00
201402	9,025	OP	\$635,387	Visit	580.00
201403	10,320	OP	\$1,189,692	Visit	764.00
201404	11,168	OP	\$1,037,175	Visit	825.00
201405	12,443	OP	\$1,094,219	Visit	864.00
201406	13,802	OP	\$1,124,059	Visit	949.00
201407	16,256	OP	\$1,455,747	Visit	1,164.00
201408	18,515	OP	\$1,889,782	Visit	1,406.00
201409	20,802	OP	\$1,963,114	Visit	1,623.00
201410	22,705	OP	\$2,472,474	Visit	1,923.00
201411	25,280	OP	\$2,351,126	Visit	1,762.00
201412	38,029	OP	\$4,196,609	Visit	2,940.00
201501	37,788	OP	\$4,015,415	Visit	2,857.00
201502	37,691	OP	\$3,275,731	Visit	2,483.00
201503	37,675	OP	\$3,879,241	Visit	2,928.00
201504	37,643	OP	\$3,846,299	Visit	2,752.00
201505	37,323	OP	\$3,678,551	Visit	2,696.00
201506	37,220	OP	\$3,763,966	Visit	2,804.00
201507	37,169	OP	\$3,617,793	Visit	2,866.00
201508	36,937	OP	\$3,565,874	Visit	2,809.00
201509	36,915	OP	\$3,445,365	Visit	2,744.00
201510	36,736	OP	\$3,963,303	Visit	2,813.00
201511	36,893	OP	\$3,907,193	Visit	2,897.00
201512	36,475	OP	\$4,246,903	Visit	3,040.00
201601	37,936	OP	\$4,478,612	Visit	3,105.00
201602	38,265	OP	\$4,305,424	Visit	3,236.00
201603	38,703	OP	\$4,755,077	Visit	3,331.00
201604	38,577	OP	\$4,369,339	Visit	3,222.00
201605	38,594	OP	\$4,237,778	Visit	3,241.00
201606	38,590	OP	\$4,458,753	Visit	3,331.00
201607	38,433	OP	\$3,948,056	Visit	3,082.00
201608	37,664	OP	\$4,118,770	Visit	3,244.00
201609	37,088	OP	\$4,055,618	Visit	3,080.00
201610	37,022	OP	\$4,011,392	Visit	3,027.00
201611	36,181	OP	\$4,439,716	Visit	2,925.00
201612	33,439	OP	\$4,102,428	Visit	2,625.00
201701	34,634	OP	\$4,283,082	Visit	2,521.00
201702	35,060	OP	\$3,545,520	Visit	2,453.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	PROF	\$956,680	Visit	5,404.00
201402	9,025	PROF	\$1,052,121	Visit	6,213.00
201403	10,320	PROF	\$1,357,705	Visit	8,174.00
201404	11,168	PROF	\$1,538,875	Visit	9,217.00
201405	12,443	PROF	\$1,672,157	Visit	9,933.00
201406	13,802	PROF	\$1,786,082	Visit	10,835.00
201407	16,256	PROF	\$2,216,511	Visit	13,366.00
201408	18,515	PROF	\$2,560,175	Visit	14,995.00
201409	20,802	PROF	\$3,095,709	Visit	18,632.00
201410	22,705	PROF	\$3,904,647	Visit	23,443.00
201411	25,280	PROF	\$3,318,512	Visit	20,557.00
201412	38,029	PROF	\$5,678,777	Visit	34,871.00
201501	37,788	PROF	\$5,822,731	Visit	33,930.00
201502	37,691	PROF	\$5,017,706	Visit	29,945.00
201503	37,675	PROF	\$5,815,587	Visit	33,848.00
201504	37,643	PROF	\$5,933,362	Visit	34,688.00
201505	37,323	PROF	\$5,540,454	Visit	32,703.00
201506	37,220	PROF	\$5,879,934	Visit	34,579.00
201507	37,169	PROF	\$6,046,068	Visit	34,294.00
201508	36,937	PROF	\$5,464,196	Visit	32,241.00
201509	36,915	PROF	\$5,585,289	Visit	33,596.00
201510	36,736	PROF	\$6,332,765	Visit	37,585.00
201511	36,893	PROF	\$5,748,944	Visit	33,829.00
201512	36,475	PROF	\$5,827,133	Visit	34,666.00
201601	37,936	PROF	\$6,341,895	Visit	33,530.00
201602	38,265	PROF	\$6,268,825	Visit	35,842.00
201603	38,703	PROF	\$6,756,837	Visit	39,255.00
201604	38,577	PROF	\$6,257,425	Visit	36,823.00
201605	38,594	PROF	\$6,501,028	Visit	37,134.00
201606	38,590	PROF	\$6,712,986	Visit	37,616.00
201607	38,433	PROF	\$5,834,296	Visit	33,435.00
201608	37,664	PROF	\$6,641,813	Visit	37,220.00
201609	37,088	PROF	\$6,328,700	Visit	35,599.00
201610	37,022	PROF	\$6,323,852	Visit	36,462.00
201611	36,181	PROF	\$6,122,435	Visit	34,290.00
201612	33,439	PROF	\$5,651,900	Visit	29,420.00
201701	34,634	PROF	\$6,081,352	Visit	31,690.00
201702	35,060	PROF	\$7,383,608	Visit	39,080.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	OTHR	\$138,846	Service	850.00
201402	9,025	OTHR	\$204,961	Service	1,055.00
201403	10,320	OTHR	\$293,757	Service	1,440.00
201404	11,168	OTHR	\$263,401	Service	1,650.00
201405	12,443	OTHR	\$417,703	Service	1,504.00
201406	13,802	OTHR	\$431,427	Service	2,016.00
201407	16,256	OTHR	\$511,877	Service	2,273.00
201408	18,515	OTHR	\$541,563	Service	2,194.00
201409	20,802	OTHR	\$639,226	Service	2,769.00
201410	22,705	OTHR	\$767,493	Service	3,134.00
201411	25,280	OTHR	\$747,563	Service	3,241.00
201412	38,029	OTHR	\$1,210,240	Service	5,313.00
201501	37,788	OTHR	\$1,173,889	Service	4,805.00
201502	37,691	OTHR	\$1,149,120	Service	4,518.00
201503	37,675	OTHR	\$1,175,419	Service	5,211.00
201504	37,643	OTHR	\$1,316,590	Service	5,366.00
201505	37,323	OTHR	\$1,066,935	Service	4,365.00
201506	37,220	OTHR	\$1,206,808	Service	5,191.00
201507	37,169	OTHR	\$1,242,009	Service	4,930.00
201508	36,937	OTHR	\$1,228,486	Service	5,318.00
201509	36,915	OTHR	\$1,130,709	Service	4,765.00
201510	36,736	OTHR	\$1,200,467	Service	5,064.00
201511	36,893	OTHR	\$1,005,558	Service	4,453.00
201512	36,475	OTHR	\$1,223,214	Service	5,287.00
201601	37,936	OTHR	\$1,039,217	Service	4,599.00
201602	38,265	OTHR	\$1,124,773	Service	4,766.00
201603	38,703	OTHR	\$1,271,085	Service	5,507.00
201604	38,577	OTHR	\$1,101,183	Service	5,206.00
201605	38,594	OTHR	\$1,259,814	Service	5,384.00
201606	38,590	OTHR	\$1,511,779	Service	5,541.00
201607	38,433	OTHR	\$1,213,001	Service	4,765.00
201608	37,664	OTHR	\$1,355,920	Service	5,890.00
201609	37,088	OTHR	\$1,218,046	Service	4,431.00
201610	37,022	OTHR	\$1,071,143	Service	4,495.00
201611	36,181	OTHR	\$1,223,992	Service	4,307.00
201612	33,439	OTHR	\$1,395,048	Service	3,962.00
201701	34,634	OTHR	\$1,049,029	Service	3,518.00
201702	35,060	OTHR	\$1,047,467	Service	4,086.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	RX	\$358,357	Script	3,383.00
201402	9,025	RX	\$621,733	Script	5,606.00
201403	10,320	RX	\$1,015,807	Script	8,245.00
201404	11,168	RX	\$1,128,385	Script	8,973.00
201405	12,443	RX	\$1,236,865	Script	9,940.00
201406	13,802	RX	\$1,454,488	Script	10,821.00
201407	16,256	RX	\$1,868,197	Script	12,931.00
201408	18,515	RX	\$1,862,162	Script	14,423.00
201409	20,802	RX	\$2,243,994	Script	16,811.00
201410	22,705	RX	\$2,675,779	Script	18,850.00
201411	25,280	RX	\$2,611,038	Script	19,251.00
201412	38,029	RX	\$4,599,459	Script	33,567.00
201501	37,788	RX	\$4,450,672	Script	31,353.00
201502	37,691	RX	\$4,059,454	Script	28,203.00
201503	37,675	RX	\$4,629,040	Script	31,223.00
201504	37,643	RX	\$4,762,836	Script	30,339.00
201505	37,323	RX	\$4,465,233	Script	30,080.00
201506	37,220	RX	\$4,740,016	Script	30,313.00
201507	37,169	RX	\$4,837,803	Script	30,214.00
201508	36,937	RX	\$4,723,022	Script	29,461.00
201509	36,915	RX	\$4,669,373	Script	29,251.00
201510	36,736	RX	\$5,238,483	Script	30,578.00
201511	36,893	RX	\$4,674,219	Script	29,658.00
201512	36,475	RX	\$5,539,579	Script	31,830.00
201601	37,936	RX	\$4,647,645	Script	29,217.00
201602	38,265	RX	\$5,012,481	Script	30,850.00
201603	38,703	RX	\$5,815,563	Script	33,665.00
201604	38,577	RX	\$5,529,040	Script	31,464.00
201605	38,594	RX	\$5,507,622	Script	32,125.00
201606	38,590	RX	\$6,148,909	Script	31,661.00
201607	38,433	RX	\$5,905,042	Script	30,141.00
201608	37,664	RX	\$6,084,880	Script	31,577.00
201609	37,088	RX	\$5,261,444	Script	29,733.00
201610	37,022	RX	\$5,665,716	Script	29,988.00
201611	36,181	RX	\$5,279,833	Script	30,056.00
201612	33,439	RX	\$5,390,690	Script	29,407.00
201701	34,634	RX	\$5,371,675	Script	29,386.00
201702	35,060	RX	\$5,438,583	Script	28,238.00

RPT_YR_MTH	MEMB_CNT	SERV_CTY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization	Premium	Incurred Claims
201401	7,418	All	\$2,816,359	n/a	n/a	3,366,675	\$2,113,489
201402	9,025	All	\$3,235,527	n/a	n/a	3,732,241	\$2,496,771
201403	10,320	All	\$4,489,829	n/a	n/a	4,364,654	\$3,574,334
201404	11,168	All	\$4,911,804	n/a	n/a	4,771,471	\$4,012,384
201405	12,443	All	\$5,346,828	n/a	n/a	5,305,053	\$4,422,718
201406	13,802	All	\$5,950,852	n/a	n/a	5,928,618	\$4,989,575
201407	16,256	All	\$6,957,294	n/a	n/a	7,090,278	\$5,819,775
201408	18,515	All	\$8,690,045	n/a	n/a	8,189,435	\$7,484,605
201409	20,802	All	\$9,444,533	n/a	n/a	9,464,244	\$8,045,176
201410	22,705	All	\$12,896,912	n/a	n/a	10,398,951	\$11,407,622
201411	25,280	All	\$10,424,526	n/a	n/a	11,553,834	\$9,075,011
201412	38,029	All	\$18,031,967	n/a	n/a	18,491,108	\$15,570,507
201501	37,788	All	\$18,537,115	n/a	n/a	18,255,612	\$15,198,826
201502	37,691	All	\$15,692,790	n/a	n/a	18,062,447	\$13,134,864
201503	37,675	All	\$18,657,629	n/a	n/a	15,299,962	\$16,021,041
201504	37,643	All	\$18,713,444	n/a	n/a	18,149,629	\$16,291,157
201505	37,323	All	\$17,956,123	n/a	n/a	18,152,384	\$15,750,807
201506	37,220	All	\$19,326,605	n/a	n/a	18,108,442	\$17,189,161
201507	37,169	All	\$19,223,897	n/a	n/a	18,145,160	\$17,167,146
201508	36,937	All	\$17,855,033	n/a	n/a	18,176,360	\$15,887,977
201509	36,915	All	\$17,908,012	n/a	n/a	18,265,188	\$16,066,546
201510	36,736	All	\$19,910,939	n/a	n/a	18,262,720	\$17,861,853
201511	36,893	All	\$17,499,627	n/a	n/a	18,474,685	\$15,705,549
201512	36,475	All	\$19,534,253	n/a	n/a	19,013,490	\$17,318,645
201601	37,936	All	\$20,672,044	n/a	n/a	19,461,853	\$16,693,927
201602	38,265	All	\$20,125,838	n/a	n/a	19,691,533	\$16,532,176
201603	38,703	All	\$23,463,755	n/a	n/a	19,850,004	\$20,029,525
201604	38,577	All	\$20,401,839	n/a	n/a	19,828,230	\$16,913,301
201605	38,594	All	\$20,950,718	n/a	n/a	19,807,063	\$17,812,597
201606	38,590	All	\$22,595,534	n/a	n/a	19,857,625	\$19,511,846
201607	38,433	All	\$20,812,013	n/a	n/a	19,759,352	\$18,362,252
201608	37,664	All	\$22,716,582	n/a	n/a	19,330,516	\$19,911,040
201609	37,088	All	\$20,953,131	n/a	n/a	19,059,307	\$18,235,895
201610	37,022	All	\$20,617,803	n/a	n/a	19,014,969	\$17,959,679
201611	36,181	All	\$20,476,764	n/a	n/a	18,660,654	\$17,637,215
201612	33,439	All	\$18,829,499	n/a	n/a	17,633,146	\$15,858,350
201701	34,634	All	\$19,361,601	n/a	n/a	18,043,398	\$16,147,994
201702	35,060	All	\$19,327,708	n/a	n/a	18,281,809	\$15,743,962

CAREFIRST BLUECROSS BLUESHIELD

PART III ACTUARIAL MEMORANDUM

Please note that the numbering below is consistent with the numbering in the 2018 Unified Rate Review Instructions.

4.1 REDACTED ACTUARIAL MEMORANDUM (AM): CareFirst (CF) is making no redactions so both AM submissions are the same.

4.2 GENERAL INFORMATION:

Company Legal Name: Group Hospitalization & Medical Services, Inc. (NAIC # 53007) (GHMSI).

State: District of Columbia.

HIOS Issuer ID: 78079.

Market: Small Groups (On & Off Exchange).

Effective Date: 1/1/18 and quarterly incremental "trend" increases effective 4/1/18, 7/1/18 and 10/1/18.

Company Filing Number: 2169

Primary Contact Name: Mr. Dwayne Lucado, F.S.A., M.A.A.A.

Primary Contact Telephone Number: 410-998-7519.

Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com.

4.3 PROPOSED RATE INCREASE(S): Base rates are changing 15.3% on average for 1Q18. The range is 11.9% to 20.2%. The estimated average base rate changes for 2Q18, 3Q18, and 4Q18 will be 14.1%, 13.1% and 12.0%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metalead benefit plans. The number of policyholders affected by this rate change is 14,697.

Please note that the proposed rates in this filing assume that the full amount of Cost Share Reduction subsidies will be funded and paid to affected carriers. In the event these subsidies are not funded and paid to carriers, we reserve the right to re-file and adjust the rate actions proposed in this filing.

Reason for Rate Increase(s): The main drivers supporting the rate increase are the assumed increases in allowed costs (8.3% assumed annual trend), and the reintroduction of the Health Insurer Fee in 2018, and deterioration in the base period experience.

4.4 MARKET EXPERIENCE:

4.4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS: The incurred period is 1/1/16 through 12/31/16, as required.

Paid Through Date: 2/28/17

Premiums (Net of MLR Rebate) in Experience Period: \$231,954,252 (Merged)

Estimated MLR rebates in Experience Period: \$0

Allowed and Incurred Claims From Experience Period: \$244,272,998 (Merged)

Paid and Incurred Claims From Experience Period: \$215,457,804 (Merged)

Estimates of Incurred but not Paid claims: These were estimated the same way for both paid and allowed claims. Estimates were derived using an internal "chain and ladder" model which is used in monthly reserving and is based on the most recent 36 months to derive the completion factor and IBNR for each incurred month.

4.4.2 - BENEFIT CATEGORIES:

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: In developing our 2018 rates, CareFirst has Projected the expected change of the single risk pool from 2016 to 2018. Our starting point for this projection are allowed claims by member from the base period normalized for age, gender, induced demand and network as specified in the URRT instructions on page 56. The numbers described above produce the morbidity factor that is displayed in Exhibit 4.

Changes in Benefits: Exhibit 5 in the Memorandum details our support to this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost- sharing requirements between the experience and projection periods.

Changes in Demographics: Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods.

Other Adjustments: We are proposing additional other adjustments for changes to our capitation fees, drug rebates and a formulary change. See Exhibit 7 in the Memorandum for details supporting these adjustments.

Trend Factors (Cost/Utilization): Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. We used observed rolling 12 PMPM allowed claims for the pool in total to fit a linear regression curve. Unit cost and utilization trends were set by service category based on observed trends over the experience period and to produce the overall anticipated trend indicated by our regression analysis.

4.4.4 - CREDIBILITY MANUAL RATE DEVELOPMENT: This section is not needed since our base period experience is deemed fully credible.

4.4.5 - CREDIBILITY OF EXPERIENCE: Exhibit 2 of the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.6 - PAID TO ALLOWED RATIO: See Exhibit 10A in the Memorandum for the projected ratio of paid to allowed claims.

4.4.7 - RISK ADJUSTMENT AND REINSURANCE:

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM: The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing Reinsurance Claims Adjustments do not apply.

Projected Risk Adjustments PMPM: Exhibit 9 in the Memorandum contains details behind the assumed transfer amount and anticipated PLRS for this pool in 2018.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Reinsurance does not apply for 2018.

4.4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK: The 2018 "desired incurred claims ratio" (DICR) is 76.5% (1Q 2018).

Administrative Expense Load: See Exhibit 10A in the Memorandum for the assumed PMPMs (including Broker Commissions & Fees).

Contribution to Reserve & Risk Margin: See Exhibit 10A in the Memorandum.

Taxes and Fees:

See Exhibit 10A in the Memorandum for the assumed values of the following additional items.

- 1) Federal Income Tax (FIT)
- 2) State Regulatory Trust Annual Assessment Fee
- 3) Health Insurer Fee
- 4) PCORI
- 5) Risk Adjustment User Fee
- 6) Exchange User Fee

4.5 PROJECTED LOSS RATIO: See exhibit 10B in the Memorandum for a demonstration of our compliance with meeting the 80.0% minimum of the “Public Health Service Act” (PHSA) 218.

4.6 APPLICATION OF MARKET REFORM RATING RULES:

4.6.1 - SINGLE RISK POOL (SRP): Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.6.2 - INDEX RATE:

The base period allowed PMPM, including the split between EHB & Non-EHBs can be found on Exhibit 1 in the Memorandum.

The projected index rate is also included in Exhibit 1 and projected Non-EHBs are included on Exhibit 3.

The non-EHBs in both the base and projection periods reflect coverage for abortion services, hair prosthesis and morbid obesity.

4.6.2.1 - Small Group Quarterly Rate Filings: This filing includes quarterly incremental “trend” increases. Quarterly trend amounts can be found in the Appendix – Quarterly Changes exhibit of the Memorandum.

4.6.3 - MARKET ADJUSTED INDEX RATE:

See Exhibit 1 of the Memorandum for the application of these factors. Exhibit 9 contains more detail behind the Risk Adjustment Program Market Level Adjustment.

4.6.4 - PLAN ADJUSTED INDEX RATES: There is a “cost-share” factor derived from our internal pricing AV model. An induced utilization factor is also applied and includes a CDH/Non-CDH factor and a metal level induced demand factor. Cost-Share factors, induced utilization factors and Non-EHBs vary by plan. All other factors applying to the Market Adjusted Index Rate are the same across all plans.

4.6.5 - CALIBRATION: Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

Age Curve Calibration – We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor.

4.6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT:

Small Group Plan Premium Rates – Our index rates for 2Q, 3Q & 4Q are developed identically to 1Q with the exception of applying additional trend months. The plan level index rates change on a quarterly basis due to this additional trend and changes in administrative load factors only.

4.7 PLAN PRODUCT INFORMATION:

4.7.1 - HHS ACTUARIAL METAL VALUES (AV): The majority of our 2018 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 81% of

the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with 2016 experience for our small group and Individual markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the "Actuarial Memorandum and Certifications" section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

4.7.2 - AV PRICING VALUES: The breakdown of the AV Pricing values is shown on Exhibit 11 of the Memorandum.

4.7.3 - MEMBERSHIP PROJECTIONS: The distribution of projected enrollment is based on actual enrollment by plan as of 2/28/17. Total projected enrollment is consistent with our corporate plan.

4.7.4 - TERMINATED PLANS AND PRODUCTS: See the exhibit Appendix – HIOS ID Mappings in the Memorandum.

4.7.5 - PLAN TYPE: PPO.

4.7.6 - WARNING ALERTS: Several warning alerts are triggered through Section III on Worksheet 2. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Individual plans. Therefore, because of Small Group being included at the pool level but not on the plan level, there is a much larger difference than the 10% which triggers a warning alert.

There are also 3 alerts that have been triggered in Section IV. These are due to the new language of the Unified Rate Review Instructions, page 45 (excerpt below):

The Total Allowed Claims (TAC) across all benefit plans for the Experience Period should be consistent with the Allowed Claims entered in Section I of Worksheet 1, except it should be net of Risk Adjustment transfers. Claims should be increased for any Risk Adjustment receivables and decreased by the amount of payments made into the Risk Adjustment programs. Risk Adjustment user fees should not be included here.

The inclusion of Risk Adjustment into Total Allowed Claims is causing the warning alerts to be activated, as that makes the cells inconsistent with Worksheet 1.

4.8. MISCELLANEOUS INSTRUCTIONS:

4.8.1 – Effective Rate Review Information: We have nothing additional to provide.

4.8.2 – Reliance: Not Applicable.

4.8.3 – Actuarial Certification: Included in the Memorandum.

DC GHMSI Small Group & Individual Combined (Small Group)

Exhibit 1 - Market Adjusted Index Rate Summary

		2018	2017	% Change
(1)	Base Period Total Allowed	\$ 542.24	\$ 468.72	15.7%
(2)	Base Period Non-EHB PMPM	\$ 2.84	\$ 2.09	35.7%
(3)	Experience Period Index Rate	\$ 539.40	\$ 466.63	15.6%
(4)	Change in Morbidity	0.971	1.024	-5.1%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	0.994	0.976	1.9%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	0.999	1.013	-1.4%
(9)	Area Adjustment	1.000	1.000	0.0%
(10)	Additional "Other" Adjustments	0.982	0.986	-0.4%
(11)	Annualized Trend	8.3%	8.3%	
(12)	Months of Trend	24.0	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.173	1.173	0.1%
(14)	Projection Period Index Rate	\$ 599.44	\$ 543.60	10.3%
(15)	Risk Adjustment Program	0.890	0.918	-3.1%
(16)	Federal Exchange User Fee	1.000	1.000	0.0%
(17)	Market Adjusted Index Rate	\$ 533.43	\$499.17	6.9%
	Without Risk Adjustment	\$ 599.44	\$ 543.60	10.3%

2018 DC Small Group GHMSI
Plan Adjusted Index Rate Changes

		Plan Name	Type	Metallic Tier	On/Off	Projected Members - 12/2017	Market Adjusted Index Rate			Benefits			Network			Induced Utilization			Non-EHB			Admin			Age Calibration			Total Change					
Index	HIOS Plan ID						2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change
1	78079DC0220020	BluePreferred PPO Gold 1000	PPO	Gold	On	35,585	\$533.43	\$499.17	6.86%	0.828	0.802	3.24%	1.000	1.000	0.00%	0.991	0.985	0.62%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$536.70	\$461.83	16.21%			
2	78079DC0220021	BluePreferred PPO Gold 500	PPO	Gold	On	26,012	\$533.43	\$499.17	6.86%	0.853	0.823	3.59%	1.000	1.000	0.00%	0.991	0.985	0.62%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$552.80	\$474.05	16.61%			
3	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	Silver	On	20,866	\$533.43	\$499.17	6.86%	0.744	0.696	6.92%	1.000	1.000	0.00%	0.903	0.896	0.79%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$439.46	\$366.34	19.96%			
4	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	Silver	On	18,294	\$533.43	\$499.17	6.86%	0.718	0.671	7.11%	1.000	1.000	0.00%	0.903	0.896	0.79%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$424.60	\$353.31	20.18%			
5	78079DC0220024	BluePreferred PPO Platinum 0	PPO	Platinum	On	113,775	\$533.43	\$499.17	6.86%	0.943	0.930	1.40%	1.000	1.000	0.00%	1.055	1.049	0.63%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$650.87	\$573.04	13.58%			
6	78079DC0220025	BluePreferred PPO Platinum 500	PPO	Platinum	On	44,793	\$533.43	\$499.17	6.86%	0.898	0.882	1.78%	1.000	1.000	0.00%	1.055	1.049	0.63%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$619.58	\$543.44	14.01%			
7	78079DC0220026	BluePreferred PPO Silver 1000	PPO	Silver	On	413	\$533.43	\$499.17	6.86%	0.752	0.711	5.74%	1.000	1.000	0.00%	0.946	0.939	0.69%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$465.42	\$392.72	18.51%			
8	78079DC0220027	HealthyBlue PPO Gold 1500	PPO	Gold	On	2,079	\$533.43	\$499.17	6.86%	0.843	0.825	2.21%	1.000	1.000	0.00%	0.991	0.985	0.62%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$546.51	\$477.36	14.49%			
9	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	PPO	Silver	On	240	\$533.43	\$499.17	6.86%	0.734	0.690	6.49%	1.000	1.000	0.00%	0.903	0.896	0.79%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$433.95	\$363.20	19.48%			
10	78079DC0220029	HealthyBlue PPO Platinum 1000	PPO	Platinum	On	109	\$533.43	\$499.17	6.86%	0.889	0.872	1.99%	1.000	1.000	0.00%	1.055	1.049	0.63%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$613.68	\$537.17	14.24%			
11	78079DC0220030	HealthyBlue PPO Platinum 500	PPO	Platinum	On	307	\$533.43	\$499.17	6.86%	0.906	0.907	-0.07%	1.000	1.000	0.00%	1.055	1.049	0.63%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$625.76	\$559.03	11.94%			
12	78079DC0220031	BluePreferred PPO Gold 1500	PPO	Gold	On	1,451	\$533.43	\$499.17	6.86%	0.812	0.789	2.94%	1.000	1.000	0.00%	0.991	0.985	0.62%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$526.64	\$456.78	15.29%			
13	78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	Gold	On	344	\$533.43	\$499.17	6.86%	0.780	0.762	2.37%	1.000	1.000	0.00%	0.991	0.985	0.62%	1.000	1.000	0.00%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$503.05	\$439.11	14.56%			
14	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	PPO	Silver	On	65	\$533.43	\$499.17	6.86%	0.682	0.648	5.22%	1.000	1.000	0.00%	0.903	0.896	0.79%	1.000	1.000	0.00%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$401.03	\$340.02	17.94%			
15	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	Silver	On	24	\$533.43	\$499.17	6.86%	0.744	0.696	6.90%	1.000	1.000	0.00%	0.903	0.896	0.79%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$439.88	\$366.76	19.94%			

Key Drivers

- 1.) Increases in allowed cost, assumed annual trend of 8.3%
- 2.) Reintroduction of the Health Insurer Fee in 2018.
- 3.) Deterioration in the base period experience.

May 1, 2017

Mr. Efren Tanhehco
Supervisory Health Actuary
Department of Insurance, Securities and Banking



Re: Group Hospitalization and Medical Services, Inc. Individual, Non-Medigap Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2018 ACA plan rate filing submitted 5/1/2017. Please note the required information below:

- a. **Company Name:** Group Hospitalization and Medical Services, Inc. (GHMSI)
- b. **NAIC Company Code:** 53007
- c. **Unique Company Filing Number:** 2169
- d. **Date Submitted:** 5/1/2017
- e. **Proposed Effective Date:** 1/1/2018
- f. **Type of Product:** PPO – On Exchange
- g. **Individual or Group:** Small Group
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by GHMSI.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-130548294).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of GHMSI ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2018 is 15.3%.
- l. **Contact Information:**
 - a. Name: Dwayne Lucado, FSA, MAAA
 - b. Telephone Number: 410-998-7519
 - c. Email: dwayne.lucado@Carefirst.com
 - d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/1/2017.

Sincerely,

Dwayne Lucado
Digitally signed by Dwayne Lucado
Date: 2017.05.01 14:27:06 -04'00'

Dwayne Lucado, FSA, MAAA
Assistant Actuary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
1	Unified Rate Review v4.1																								
2																									
3	Company Legal Name:		GHMSI, Inc.				State:		DC																
4	HIOS Issuer ID:		78079				Market:		Small Group																
5	Effective Date of Rate Change(s):		1/1/2018																						
6																									
7																									
8	Market Level Calculations (Same for all Plans)																								
9																									
10																									
11	Section I: Experience period data																								
12	Experience Period:		1/1/2016		to		12/31/2016																		
13			Experience Period		Aggregate Amount		PMPM		% of Prem																
14	Premiums (net of MLR Rebate) in Experience Period:		\$231,954,252		\$514.89		100.00%																		
15	Incurred Claims in Experience Period		\$215,457,804		478.27		92.89%																		
16	Allowed Claims:		\$244,272,998		542.24		105.31%																		
17	Index Rate of Experience Period				\$ 539.40																				
18	Experience Period Member Months		450,492																						
19																									
20	Section II: Allowed Claims, PMPM basis																								
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Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

State: DC
Market: Small Group

Product/Plan Level Calculations

[illegible]

ABSTRACT 11. CONSEQUENTIA UT PRAEDICAT: A STUDY OF THE LOGIC OF PRAEDICAT AND THE LOGIC OF PRAEDICAT

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Section III: Experience Period Information

AS of Selected Companies Ltd.	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	2947	2948	2949	2950	2951	2952	2953	2954	2955	2956	2957	2958	2959	2960	2961	2962	2963	2964	2965	2966	2967	2968	2969	2970	2971	2972	2973	2974	2975	2976	2977	2978	2979	2980	2981	2982	2983	2984	2985	2986	2987	2988	2989	2990	2991	2992	2993	2994	2995	2996	2997	2998	2999	3000
AS of Selected Companies Ltd.	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													

ction IV: Projected (12 months following effective date)

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DC GHMSI

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company	Group Hospitalization & Medical Services Inc.
SERFF tracking number	CFAP-131010712
Submission Date	5/1/2017
Product Name	BluePreferred

Market Type: ☐ Individual ☒ Small Group
Rate Filing Type: ☒ Rate Increase ☐ New Filing

Scope and Range of the Increase:

The % increase is requested because:

The main drivers of the 2018 rate increase are a) increased morbidity and b) trend of 8.3%, and c.) the reintroduction of the Health Insurer Fee.

This filing will impact:

of policyholder's # of covered lives

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Product selection, changes in age factors, and changes in family composition.

Financial Experience of Product

The overall financial experience of the product includes:

In 2016, a total of \$203.5 million in premium was collected and \$168.6 million in claims paid out. We received \$17.2 million in risk adjustment, for a loss ratio of 74.4%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$231.9 in premium and paid out \$215.4 million in claims. We received \$26.9 million in risk adjustment, for a loss ratio of 81.3%.

The rate increase will affect the projected financial experience of the product by:

The proposed rate increases are aimed to bring the loss ratio for the combined Individual/small group pool up to a projected 82.7%.

Components of Increase

The request is made up of the following components:

Trend Increases –	8.3 % of the	15.3 % total filed increase
1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.		
This component is	3.4 % of the	15.3 % total filed increase.
2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.		
This component is	4.8 % of the	15.3 % total filed increase.

Other Increases –	6.4 % of the	15.3 % total filed increase
1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.		
This component is	0.0 % of the	15.3 % total filed increase.
2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.		
This component is	2.1 % of the	15.3 % total filed increase.
3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.		
This component is	0.3 % of the	15.3 % total filed increase.
4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.		
This component is	1.2 % of the	15.3 % total filed increase.
5. Other – Defined as:		
End of federal reinsurance program, and higher anticipated risk adjustment payments.		
This component is	2.8 % of the	15.3 % total filed increase.

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum	Yes	Exhibit 11 - Plan Adj SG_RA
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Appendix - Form Numbers
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Exhibit 11 - Plan Adj SG_RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over	Yes	Appendix - Rate Change_SG RA
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG RA
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG RA
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Appendix - Max Renewal_SG RA
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Appendix - Rate Change_SG RA
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Appendix - Rate Change_SG RA
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_SG RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Appendix - Experience by Service Category
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Appendix - Experience by Service Category
17	Index Rate	Provide the index rate.	Yes	Exhibit 1 - Summary SG
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Appendix - Experience by Service Category
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	No	Not applicable
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Exhibit 8 - Trend
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	No	Not applicable
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Exhibit 7 - Other Adjustments
Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element

22	Plan Relativities	<p>For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders.</p> <p>For initial filings, provide the derivation of any new plan factors.</p>	Yes	Appendix - Rate Change_SG RA
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Exhibit 14 - Age Slope
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	No	Not applicable
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Appendix - Rate Change_SG RA
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Appendix - Experience by Service Category
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA

Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Exhibit 9 - Risk Adjustment IND

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities 	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	No	This is not a Grandfathered Filing, so a PRJ is not provided
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. Provide in Excel format only.	Yes	See the Dataset included as a separate document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the Plain Language Summary included as a separate document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 th of the current year, whichever is first.	Yes	See the Rate 'E' file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	No	Not applicable

CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

Dwayne Lucado

(Print Name)

Dwayne Lucado

Digitally signed by Dwayne
Lucado
Date: 2017.05.01 14:36:35 -04'00'

(Signature)